2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # N01000006293 04-30-2008 90183 044 ****61.25 WEST CANAVERAL GROVES HOMEOWNERS, INC. Principal Place of Business Mailing Address 60033431 1370 SATELLITE BLVD PO BOX 238371 COCOA, FL 32926 COCOA, FL 32926 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04262008 Cha-NP CR2E037 (12/06) FEI Number 31-1807104 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MASHINTONO, EDWARO Street Address (P.O. Box Number is Not Acceptable) 6719 BREKIN RIDGE COCOA, FL 32926 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE PEARSALL DON TITLE ☐ Delete PATELLIS, DANIEL NAME NAME 6713 BEARTRAIL STREET ADDRESS 1890 SATELLITE BLVD STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-7IP COCOA FL 32926 Change ☐ Addition ☐ Delete TITLE TITLE BENELL, MARY 1370 SATELLITE BLVD MASHINTONIO, JOHN NAME NAME STREET ADDRESS 6719 BRECKENRIDGE AVENUE STREET ADDRESS 0000A FL 32926 CITY-ST-7IP COCOA, FL 32926 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE ATELLIS OANIEL NAME EYEMAN, TAMI NAME 890 SATELLITE BLVD STREET ADDRESS STREET ADDRESS BEAR TR CITY-ST-ZIP COCOA, FL 32926 CITY-ST-7IP IBCOA FL Change Addition Delete TITLE TITLE DE YNOLDS MELISSA BENELL, MARY NAME. NAME 1370 SATELLITE BLVD STREET ADDRESS STREET ADDRESS CDY-ST-70 COCOA, FL 32926 CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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