

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000004560

1. Entity Name

GREENGROVE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 137183
CLERMONT FL 34713-7183

Mailing Address

PO BOX 137183
CLERMONT FL 34713-7183



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITZ, NANCY
6550 GREENGROVE BLVD
CLERMONT FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature is required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **LITZ, NANCY**
CITY-STATE-ZIP **65506 GREEN GROVE BV.**
CLERMONT FL 34714

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GONZALES, TODD**
CITY-STATE-ZIP **6903 ROMAN CT**
CLERMONT FL 34711

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COWAN, ROMAN**
CITY-STATE-ZIP **925 SEA WATCHLANE**
VERO BEACH FL 32963

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HILLSGROVE, TALI**
CITY-STATE-ZIP **15835 WILKINSON DR**
CLERMONT FL 34714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **000000861153**
STREET ADDRESS **04/02/08-80091-010 61.25**
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Nancy Litz, Sec./Treasurer*

3-12-08

352-536-9022