

DOCUMENT# N02000004560

Entity Name: GREENGROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 137183
CLERMONT, FL 347137183

New Principal Place of Business:

925 SEAWATCH LANE
VERO BEACH, FL 32963

Current Mailing Address:

PO BOX 137183
CLERMONT, FL 347137183

New Mailing Address:

FEI Number: _____ **FEI Number Applied For ()** _____ **FEI Number Not Applicable (X)** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

LITZ, NANCY
6550 GREENGROVE BLVD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LITZ, NANCY
6550 GREENGROVE BLVD
CLERMONT, FL 34714 US

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.

SIGNATURE:

02/25/2009

Electronic Signature of Registered Agent

Date _____

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: LITZ, NANCY
Address: 65506 GREEN GROVE BV.
City-St-Zip: CLERMONT, FL 34714

Title: PD () Delete
Name: GONZALES, TODD
Address: 6903 ROMAN CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: COWAN, ROMAN
Address: 925 SEA WATCHLANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HILLSGROVE, TALI
Address: 15835 WILKINSON DR
City-St-Zip: CLEARMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LITZ, NANCY
Address: 65506 GREEN GROVE BV.
City-St-Zip: CLERMONT, FL 34714

Title: PD (X) Change () Addition
Name: GONZALES, TODD
Address: 6903 ROMAN CT
City-St-Zip: CLERMONT, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILLSGROVE, TAL
Address: 7151 GREENGROVE BLVD.
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LITZ

STD

02/25/2009

Electronic Signature of Signing Officer or Director

Date