

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90252 001 ****61.25

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DOCUMENT # N02000005425					
1. Entity Name SYMMES GROVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 325 SOUTH BLVD TAMPA, FL 33606			Mailing Address 15500 ROOSEVELT BLVD. SUITE 303 CLEARWATER, FL 33760		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. <i>Sterling Management</i> <i>2880 Scherer Drive Suite 840</i> City & State <i>St. Petersburg, FL 33716</i>			Suite, Apt. <i>Sterling Management</i> <i>2880 Scherer Drive Suite 840</i> City & State <i>St. Petersburg, FL 33716</i>		
Zip _____ Country _____			Zip _____ Country _____		
4. FEI Number 03-0474651				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606			7. Name and Address of New Registered Agent Name <i>COTTERILL, RONALD</i> Street Address (P.O. Box Number is Not Acceptable) <i>400 N. TAMPA ST. STE. 2605</i> City <i>TAMPA</i> State <i>FL</i> Zip Code <i>33602</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Ronald E Cotterill</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>		<i>3-22-05</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDON, ROGERS K JR 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLEY, MINDY 11721 IVY FLOWER LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LESLIE A 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BOYD, CHUCK 11407 IVY FLOWER LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AROCHENA, DIANA 11409 IVY FLOWER LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLCADAY, JOSHUA 11717 IVY FLOWER LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMELLO, KEITHA 11326 IVY FLOWER LOOP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mindy M. Halley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/18/05</i> (813) 786-5598 <small>Date Daytime Phone #</small>		

Mindy M. Halley