2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N02000005425

Entity Name: SYMMES GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 03-0474651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 N FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HALLEY, MINDY	
Address:	11721 IVY FLOWER LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	S	( ) Delete
Name:	AROCHENNA, DIANA	
Address:	11409 IVEY FLOWER LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	VP	( ) Delete
Name:	ROW, JAYLYNN	
Address:	11720 IVY FLOWER LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	S	( ) Delete
Name:	BURKE, JENNIFER	
Address:	11719 IVY FLOWER LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	CIMON, CHRISTIANE	
Address:	11513 IVY FLOWER LOOP	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GAIL KNIGHT MGR 03/24/2009

Electronic Signature of Signing Officer or Director — Date