

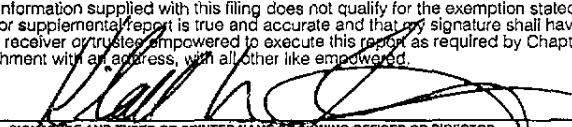


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003176			
1. Entity Name TOMBERLIN GROVES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 703 SOUTH HITCHCOCK STREET PLANT CITY, FL 33566	Mailing Address POST OFFICE BOX 4199 PLANT CITY, FL 33564		
DO NOT WRITE IN THIS SPACE			
		05112005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
WETHERINGTON, KIMBALL W 703 SOUTH HITCHCOCK STREET PLANT CITY, FL 33566		DO NOT WRITE IN THIS SPACE	
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 _____			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WETHERINGTON, KIMBALL W 2107 E. TRAPNELL ROAD PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, JEFF M 3625 GENTRY ROAD PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNIGHT, GARY W 1011 EAST SPARKMAN ROAD PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		5-11-05 813-759-6501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	