2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002664

FILED Apr 03, 2009 Secretary of State

Entity Name: HIGH GROVE OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 518 SUMMER PLACE LOOP 3104 SAND MINE RD CLERMONT, FL 34711 DAVENPORT, FL 33897 **Current Mailing Address: New Mailing Address:** 518 SUMMER PLACE LOOP 3104 SAND MINE RD CLERMONT, FL 34711 DAVENPORT, FL 33897 FEI Number: 55-0861690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MID-FLORIDA PROPERTY PROFESSIONALS, INC. MID-FLORIDA PROPERTY PROFESSIONALS, INC. 3104 SAND MINE RD 518 SUMMER PLACE LOOP CLERMONT, FL 34711 DAVENPORT, FL 33897 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: 04/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition POPE, LYNNE REAM. PAUL Name: Name: 22 DERBY RD Address: 3104 SAND MINE RD Address: City-St-Zip: MIDDLESEX, ENGLAND, UK City-St-Zip: DAVENPORT, FL 33897 Title: Title: (X) Change () Addition () Delete ATKINS, CHRISTOPHER Name: EMMERSON, MICHAEL Name: Address: 196 NORTH AVENUE Address: 3104 SAND MINE RD City-St-Zip: NOTTS NG24 3PQ, UK City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: (X) Change () Addition ARCHER, LOUIS WIGNALL, BARBARA Name: Name: 125 EDGEWATER BRANCH DR 3104 SAND MINE RD Address: Address: City-St-Zip: JASCKSONVILLE, FL 32259 City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: () Change (X) Addition POWELL, PAMELA Name: Name: 3104 SAND MINE RD Address: Address: City-St-Zip: City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: () Change (X) Addition ROACH, JULIE Name: Name: 3104 SAND MINE RD Address: Address: DAVENPORT, FL 33897 City-St-Zip: 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: PAUL REAM P 04/03/2009