

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010472

FILED
May 04, 2007
Secretary of State

Entity Name: THE GROVE HOMEOWNERS ASSOCIATION OF WAKULLA, INC.

Current Principal Place of Business:

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

559 EAST IVAN ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 1431
CRAWFORDVILLE, FL 32326

FEI Number: 57-1214669 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE RD 4TH FLOOR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

DOTSON, CYNTHIA R
559 EAST IVAN ROAD
CRAWFORDVILLE, FL 32327 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: CYNTHIA R. DOTSON

05/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURNER, DOUGLAS E
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SAXON, FRED
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: O'REILLY, JOHN
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSSETTI, DAVID
Address: P.O. BOX 1431
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: S (X) Change () Addition
Name: WATSON, GARY
Address: P.O. BOX 1431
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: T (X) Change () Addition
Name: DOTSON, CYNTHIA R
Address: P.O. BOX 1431
City-St-Zip: CRAWFORDVILLE, FL 32326

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: CYNTHIA R. DOTSON

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05/04/2007

Electronic Signature of Signing Officer or Director

Date