

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# N04000010472

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

Current Principal Place of Business:

559 EAST IVAN ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1481
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 57-1214669 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOTSON, CYNTHIA R
559 EAST IVAN ROAD
CRAWFORDVILLE, FL 32327 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: PRES () Delete
Name: ROSSETTI, DAVID
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SEC () Delete
Name: WATSON, GARY
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TREA () Delete
Name: DOTSON, CYNTHIA R
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: SUBER, TRACY
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

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: TRACY D. SUBER

SEC

08/12/2009

Electronic Signature of Signing Officer or Director

_____ Date