

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010472

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

115 SAND PINE TRAIL
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:

SUBER, TRACY D SEC
115 SAND PINE TRAIL
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SUBER, TRACY D
115 SAND PINE TRAIL
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: TRACY D. SUBER

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SUBER, TRACY D
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SEC
Name: SLOAN, CALVIN
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VP
Name: STARCH, WILLIAM
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: DIR
Name: PATE, DOROTHY
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TREA
Name: MARSHALL, MELISSA
Address: P.O. BOX 1481
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby 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 all other like empowered.

SIGNATURE: TRACY D. SUBER

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date