2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04519

FILED Apr 09, 2009 Secretary of State

Entity Name: GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24 SE 5TH STREET C/O CAMS

100 314 N.E. 3RD STREET

BOCA RATON, FL 33432 US BOYNTON BEACH, FL 33435 US

Current Mailing Address: New Mailing Address:

24 SE 5TH STREET C/O CAMS

100 314 N.E. 3RD STREET

BOCA RATON, FL 33432 US BOYNTON BEACH, FL 33435 US

FEI Number: 59-2444283 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:

 BISHOP, TERESH C
 MARSHALL, M. KEITH

 21 SE STREET # 100
 2999 N.E. 191ST STREET

 BOCA RATON, FL 33432
 US

 #805

AVENTURA,, FL 33180 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: SHERI MCKENZIE BOOKKEEPER 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VP (X) Change () Addition

Name: STILLMAN, DAVID Name: STILLMAN, DAVID
Address: 7370 ORANGEWOOD LN., #103 Address: 7370 ORANGEWOOD LN., #103

Address: 7370 ORANGEWOOD LN., #103 Address: 7370 ORANGEWOOD LN., #103 City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

 Title:
 T
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WOLTHER, NELSON

 Name:
 WOLTHER, NELSON

Address: 7369 ORANGEWOOD LANE Address: 7369 ORANGEWOOD LANE City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

Title: () Delete Title: D () Change (X) Addition

Name: Name: WEISZ, BOB

Address: Address: 7370 ORANGEWOOD LANE # 205
City-St-Zip: BOCA RATON,, FL 33433

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: SHERI MCKENZIE BKPR 04/09/2009