

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 20, 2007  
Secretary of State**

DOCUMENT# N05000006943

Entity Name: GROVEHURST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**5401 S. KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819**New Principal Place of Business:**2582 SOUTH MAGUIRE RD  
SUITE 318  
OCOOEE, FL 34761**Current Mailing Address:**5401 S. KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819**New Mailing Address:**PO BOX 783367  
WINTER GARDEN, FL 34787 US

FEI Number: 20-3493447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT PROFESSIONALS INC.  
5401 S KIRKMAN ROAD  
STE 450  
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**SOLOMON, SPENCER  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON

07/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: UNCERLEIDER, ERIC  
Address: 12892 DAUGHTERY DR  
City-St-Zip: WINTER GARDEN, FL 34787Title: VPD ( ) Delete  
Name: FLAHERTY, TIM  
Address: 12765 DAUGHTERY DR  
City-St-Zip: WINTER GARDEN, FL 34787Title: STD ( ) Delete  
Name: WILSON, STEVE  
Address: 1005 EMMETT LN  
City-St-Zip: WINTER GARDEN, FL 34787**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: UNGERLEIDER, ERIC  
Address: 12892 DAUGHTERY DR  
City-St-Zip: WINTER GARDEN, FL 34787Title: D (X) Change ( ) Addition  
Name: FLAHERTY, TIM  
Address: 12765 DAUGHTERY DR  
City-St-Zip: WINTER GARDEN, FL 34787Title: D (X) Change ( ) Addition  
Name: WILSON, STEVE  
Address: 1005 EMMETT LN  
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

RA

07/20/2007

Electronic Signature of Signing Officer or Director

Date