

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 03, 2008  
Secretary of State**

DOCUMENT# N05000011418

Entity Name: MARTIN'S GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Principal Place of Business:**27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134**Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:**27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134

FEI Number: 55-0911427

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:**OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BLVD  
238  
BONITA SPRINGS, FL 34134 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: TIM LOEHR

11/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: SHEELER, LAWRENCE  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751Title: VPD ( ) Delete  
Name: BOTRAGER, THOMAS  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751Title: STD ( ) Delete  
Name: FARMER, SHIRLEY  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change ( ) Addition  
Name: BROWN, DAVID  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751Title: DVP (X) Change ( ) Addition  
Name: BORKENHAGEN, KEVIN  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751Title: DST (X) Change ( ) Addition  
Name: CHOMA, DEBRA  
Address: 2301 LUCIEN WAY SUITE 400  
City-St-Zip: MAITLAND, FL 32751

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: DAVID BROWN

DP

11/03/2008

Electronic Signature of Signing Officer or Director

Date