2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000647

Title:

Name:

Address:

City-St-Zip:

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MOREY, ROBERT C

2033 MAIN STREET #600

SARASOTA, FL 34237

FILED Apr 29, 2008 Secretary of State

Entity Name: MAMMOTH GROVE ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2033 MAIN STREET #309 SARASOTA, FL 34237 **Current Mailing Address: New Mailing Address:** 2033 MAIN STREET #309 SARASOTA, FL 34237 FEI Number: 65-1299202 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: REES, STEPHEN D ESQ 2033 MAIN STREET #600 SARASOTA, FL 34237 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOREY, ROBERT C Name: Name: 2033 MAIN STREET #309 Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: () Change () Addition CHAPNICK, BRUCE P Name: Name: Address: 2033 MAIN STREET #600 Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: () Change () Addition PADGETT, RICHARD Name: Name: 830 ST. ANNE SHRINE ROAD Address: Address: City-St-Zip: LAKE WALES, FL 33898 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MOREY DP 04/29/2008

() Change () Addition