2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000002112

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

Current Principal Place of Business:

2502 N ROCKY POINT DRIVE
SUITE 1050
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 20-5832464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROHAUER, GARY N
1150 CLEVELAND STREET
SUITE 300
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: RYAN, JOHN M
Address: 2502 NORTH ROCKY POINT DRIVE, #1050
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete
Name: LAWSON, MICHAEL
Address: 2502 NORTH ROCKY POINT DRIVE, #1050
City-St-Zip: TAMPA, FL 33607

Title: STD ( ) Delete
Name: SINGLETON, GREG
Address: 2502 NORTH ROCKY POINT DRIVE, #1050
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: LAWSON, MICHAEL
Address: 2502 NORTH ROCKY POINT DRIVE, #1050
City-St-Zip: TAMPA, FL 33607

Title: TD (X) Change ( ) Addition
Name: SINGLETON, GREG
Address: 2502 NORTH ROCKY POINT DRIVE, #1050
City-St-Zip: TAMPA, FL 33607

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: JOHN RYAN PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date