2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N06000004675

Entity Name: GROVE PARK AT STONECREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN ROAD, SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN ROAD, SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-5331740 **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, SUITE 450
ORLANDO, FL 32819 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: D ( ) Delete
Name: LEWIS, JAY C
Address: 300 COLONIAL CENTER PKWY. SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: ANDERSON, KATHERINE
Address: 300 COLONIAL CENTER PARKWAY, SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: CAMBELL, JUSTIN
Address: 300 COLONIAL CENTER PKWY , SUITE 200
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: THOMPSON, LEE
Address: 300 COLONIAL CENTER PKWY, SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: LEE THOMPSON D 01/08/2009

Electronic Signature of Signing Officer or Director Date