

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 23, 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:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544**Current Mailing Address:**5401 S. KIRKMAN ROAD, SUITE 450  
ORLANDO, FL 32819**New Mailing Address:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

FEI Number: 20-5331740

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:**RIZZETTA & COMPANY  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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: RIZZETTA &amp; COMPANY

04/23/2009

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 32746Title: D ( ) Delete  
Name: THOMPSON, LEE  
Address: 300 COLONIAL CENTER PKWY, SUITE 200  
City-St-Zip: LAKE MARY, FL 32746Title: 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: VP (X) Change ( ) Addition  
Name: MCCOOK, CECE  
Address: 300 COLONIAL CENTER PKWY. SUITE 200  
City-St-Zip: LAKE MARY, FL 32746Title: P (X) Change ( ) Addition  
Name: THOMPSON, LEE R  
Address: 4343 ANCHOR PLAZA PARKWAY SUITE 200  
City-St-Zip: TAMPA, FL 33634Title: ST (X) Change ( ) Addition  
Name: CAMBELL, JUSTIN  
Address: 300 COLONIAL CENTER PKWY, SUITE 200  
City-St-Zip: LAKE MARY, FL 32746

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 R THOMPSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date