

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008930

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** HI GROVE COMMERCE CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 SOUTH KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 SOUTH KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 55-0861690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS INC.  
5401 SOUTH 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: PD ( ) Delete  
Name: GODWIN, LARRY  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

Title: TD ( ) Delete  
Name: GODWIN, ROBERT  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

Title: SD ( ) Delete  
Name: MELOON, MELISSA  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GODWIN, LARRY  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

Title: T (X) Change ( ) Addition  
Name: GODWIN, ROBERT  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

Title: S (X) Change ( ) Addition  
Name: MELOON, MELISSA  
Address: 4776 NEW BROAD STREET #250  
City-St-Zip: ORLANDO, FL 32814

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: LARRY GODWIN

P

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date