


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 031 ****61.25

DOCUMENT # N21253 1. Entity Name VILLAGE GROVE PROPERTY OWNER ASSOCIATION INCORPORATED									
Principal Place of Business % MARY C. WHEELER 38718 VULCAN CIRCLE ZEPHYRHILLS, FL 33542			Mailing Address % MARY C. WHEELER 38718 VULCAN CIRCLE ZEPHYRHILLS, FL 33542						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
4. FEI Number 65-0010228				Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WHEELER, MARY C 38733 VULCAN CIRCLE ZEPHYRHILLS, FL 33542			7. Name and Address of New Registered Agent Name Lois A. Hubbard Street Address (P.O. Box Number is Not Acceptable) 38750 VULCAN CIRCLE City Zephyrhills FL 33542						
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE <u>Lois A. Hubbard</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/25/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, MARY C 38736 VULCAN CIRCLE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hubbard, Lois A 38750 VULCAN circle Zephyrhills FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARNEY, GEORGE 38733 VULCAN CIRCLE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PURDON, ISOBEL 38704 GRANGER LANE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKERSON, KAROL 38723 VULCAN circle Zephyrhills FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABINE, ANN 38717 VULCAN CIRCLE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERACI, NANCY 38763 VULCAN circle Zephyrhills FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINE, RAY 38717 VULCAN CIRCLE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAROS, JEAN 38730 VULCAN circle Zephyrhills FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKERSON, KAROL 38723 VULCAN CIRCLE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUM, Herb 38720 VULCAN circle Zephyrhills FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u>Lois A. Hubbard, President</u> <u>Lois A. Hubbard</u> 1-25-06 813-783-2022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									

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