2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25057

Apr 13, 2009 Secretary of State

Entity Name: THE GARDEN HOMES AT GROVE ISLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O VISTA PROPERTIES MGT. 100 VISTA ROYALE BLVD VERO BEACH, FL 32962

New Mailing Address: Current Mailing Address:

C/O VISTA PROPERTIES MGT. 100 VISTA ROYALE BLVD VERO BEACH, FL 32962

FEI Number: 65-0099549 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:

WILLEY, BARBARA C 230 N. GROVE ISLE CIR. US VERO BEACH, FL 32962

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLEY, BARBARA C WILLEY, BARBARA C Name: Name: Address:

230 N GROVE ISLE CIRCLE Address: 230 N GROVE ISLE CIRCLE City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962

Title: () Delete Title: (X) Change () Addition JACQUES, RICHARD Name: JACQUES, RICHARD Name:

Address: 300 N GROVE ISLE CIRCLE Address: 300 N GROVE ISLE CIRCLE City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962

Title: () Delete Title: () Change () Addition

ARGYROPOULOS, MARGE Name: Name: 220 N GROVE ISLE CIRCLE Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

Name: SKARLIS, GUS Name: FELTHOUSEN, KEN 200 N GROVE ISLE CIRCLE 270 N GROVE ISLE CIRCLE Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962

Title: () Delete Title: (X) Change () Addition FETZER, JANET POFFENBERGER, WILLIAM Name: Name: 644 LAKE ORCHID CIRCLE 652 LAKE ORCHID CIRCLE Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962

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: BARBARA WILLEY SD 04/13/2009