2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N25281

Entity Name: GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GROVE LAKE ESTATES
155 JAFFA RD.
CRESCENT CITY, FL 321125422

New Principal Place of Business:

Current Mailing Address:

PO BOX 884
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, SONDRA A
104 MARSH PLACE
CRESCENT CITY, FL 32112 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:	PT	( ) Delete
Name:	MEGIVERN, DAN	
Address:	1311 GREENWODD	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	VPT	( ) Delete
Name:	JACKSON, DONALD W	
Address:	104 MARSH PLACE	
City-St-Zip:	CRESCENT CITY, FL 321128422	
Title:	ST	( ) Delete
Name:	TOMKINS, KIM	
Address:	109 TEMPLE ST	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	TT	( ) Delete
Name:	JACKSON, SONDRA A	
Address:	104 MARSH PLACE	
City-St-Zip:	CRESCENT CITY, FL 32112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SONDRA A JACKSON TRES 02/28/2009

Electronic Signature of Signing Officer or Director — Date