2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N36545

Entity Name: NORTH GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4750 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 540695
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3001204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, JONA
4755 MURCOTT AVE
MERRITT ISLAND, FL 32953 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:	RICHARDS, JON A	
Address:	4755 MURCOTT AVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	SD	( ) Delete
Name:	RICHARDS, DONNA G	
Address:	4755 MURCOTT AVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	T	( ) Delete
Name:	JOHNSON, NANCY	
Address:	4745 MURCOTT AVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	VP	( ) Delete
Name:	EVANS, DENISE	
Address:	315 NORTH GROVE DR	
City-St-Zip:	MERRITT ISLAND, FL 32953	

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: JON RICHARDS PD 01/08/2008

Electronic Signature of Signing Officer or Director — Date