


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90017 035 \*\*\*\*61.25

<b>DOCUMENT # N39478</b> 1. Entity Name <b>LA FOREST AT GREEN SPRINGS THE GROVE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>ILIANA SHERR</b> <b>1706 COUNTRY TRLS DR.</b> <b>SAFETY HARBOR, FL 34695 US</b>			Mailing Address <b>ILIANA SHERR</b> <b>1706 COUNTRY TRLS DR.</b> <b>SAFETY HARBOR, FL 34695 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3066835</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TAMBASCO, JAMES</b> <b>210 WATERVIEW COURT</b> <b>SAFETY HARBOR, FL 34695</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAMBASCO, JAMES</b>		NAME		
STREET ADDRESS	<b>210 WATERVIEW CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERR, ILIANA</b>		NAME	<b>STD SHERR, ILIANA</b>	
STREET ADDRESS	<b>1706 COUNTRY TRLS DR.</b>		STREET ADDRESS	<b>1706 COUNTRY TRLS DR</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>		CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LOLLEY, RANDY</b>		NAME	<b>ST JONI MITCHELL</b>	
STREET ADDRESS	<b>1708 COUNTRY TRAILS DRIVE</b>		STREET ADDRESS	<b>1712 LA FOREST AVE.</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>		CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Iliana Sherr</i> <b>ILIANA SHERR</b>			<b>2/22/08 727 796 0643</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		