

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 042 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N46538</b><br>1. Entity Name<br>GROVE PARK UNIT 4-A HOMEOWNERS ASSOCIATION, INC.   |   |  |   |  |  |
| Principal Place of Business<br>6933 TONGA DRIVE<br>JACKSONVILLE, FL 32216 US   |   |  | Mailing Address<br>6933 TONGA DRIVE<br>JACKSONVILLE, FL 32216 US                  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 04222008 Chg-NP CR2E037 (12/06)  |  |
| Zip  |   | Country  |   | 4. FEI Number<br>59-3110543  |  |
|  |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                                       |  |  |
| KINARD, A. J.<br>7085 TONGA DRIVE<br>JACKSONVILLE, FL 32216  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>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<br/>Florida Department of State</b>                     |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>PETERSON, TOM<br>1008 BALI PLACE<br>JACKSONVILLE, FL 32216     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | P<br>Kinard, A. J.<br>7085 Tonga Drive<br>Jax. FL 32216                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>PETTERSON, CHERYL<br>1088 BALI PLACE<br>JACKSONVILLE, FL 32216 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | S<br>Lynne Shoffner<br>6442 Tonga Drive<br>Jax. FL 32216                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BROMFIELD, GARY<br>6933 TONGA DR<br>JACKSONVILLE, FL 32216     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KINARD, A.J.<br>7085 TONGA DRIVE<br>JACKSONVILLE, FL           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HEINDEL, RIC<br>1005 BALI PLACE<br>JACKSONVILLE, FL 32216      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  | <input type="checkbox"/> Change <input 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>Gary Bromfield</i> <b>Gary Bromfield (T)</b> 4-22-08 904-866-8246   |   |  |   |  |  |