

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N50749

1. Entity Name
**TEMPLE GROVE ESTATES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**P.O. BOX 597
OCOE, FL 34761 US**

Mailing Address
**P.O. BOX 597
OCOE, FL 34761 US**

DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3140690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, EDWARD L
500 CANBY CIRCLE
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000638809
02/27/07-80046-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EDWARD L 500 CANBY CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARCE, DAVID 347 BRAVADA STREET OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGGINS, DIANNA 2488 AULD SCOTT BLVD OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, ELIZABETH 300 CANBY CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

Dianna Huggins **Dianna Huggins Secretary 2/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #