

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000986

FILED
May 03, 2009
Secretary of State

Entity Name: THE OLD NICHOLS GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

190 OLD NICHOLS CIRCLE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

190 OLD NICHOLS CIRCLE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3250031 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AVERY, TRAVIS
190 OLD NICHOLS CIRCLE
AUBURNDALE, FL 33823 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: PRES () Delete
Name: SAMEN, CHARLES
Address: 150 OLD NICHOLS CIR.
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: CONNER, JAMES
Address: 122 OLD NICHOLS CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: TRES () Delete
Name: AVERY, TRAVIS
Address: 190 OLD NICHOLS CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: SEC. () Delete
Name: WADDINGHAM, T.J.
Address: 102 OLD NICHOLS CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: MEM. () Delete
Name: MURRAY, JIM
Address: 110 OLD NICHOLS CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: MEM (X) Delete
Name: MARSH, PAUL
Address: 117 OLD NICHOLS CIR
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MARSH, PAUL
Address: 117 OLD NICHOLS CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: VP (X) Change () Addition
Name: DENTON, JOHN
Address: 154 OLD NICHOLS CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: TRAVIS AVERY

TRES

05/03/2009

Electronic Signature of Signing Officer or Director

Date