2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N94000004745

Entity Name: THE GROVE AT PONTE VEDRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-3266226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, L DENISE
920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 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: SELANDER, PATTY
Address: 128 BROKEN POTTER DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: MCDARRIS, JEANNE
Address: 209 GNARLED OAKS DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: STEWART, THOMAS
Address: PO BOX 169
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: DOMINIAK, SUSAN
Address: 233 GNARLED OAKS DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: L. DENISE WALLACE RA 03/24/2009

Electronic Signature of Signing Officer or Director — Date