


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

(2008 fees 70.00)  
**FILED**  
Jan 24, 2008 08:00 A  
Secretary of State

<b>DOCUMENT # N95000001388</b>	
1. Entity Name <b>OAK GROVE CIRCLE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>PO BOX 677765 ORLANDO, FL 32867-7765</b>	Mailing Address <b>PO BOX 677765 ORLANDO, FL 32867-7765</b>
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**DO NOT WRITE IN THIS SPACE**

01192008 No Chg-NP CR2E037 (4/06)

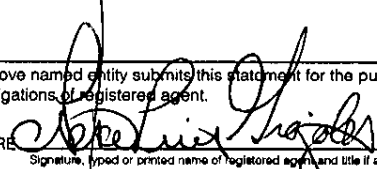
4. FEI Number <b>59-3304230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GRAJALES, NESTOR L  
2212 ROSE BROOK CT.  
ORLANDO, FL 32817**

**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)

1/18/08 DATE

<b>Filing Fee is \$61.25 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>
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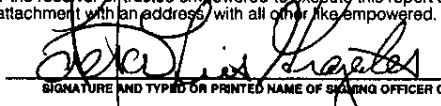
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAJALES, NESTOR 2212 ROSE BROOK CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIMBER, MATTHEW T 11008 RIVERGROVE DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ, CARMEN R 11228 RIVER GROVE DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COELHO, KEITH 11126 RIVER GROVE DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000796205  
01/23/08-80023-017 70.00

**DO NOT WRITE 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:  **Nestor Luis GRAJALES** 1/18/08 404-345-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #