2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002497

FILED Apr 30, 2009 Secretary of State

Entity Name: THE GROVE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7 TOWN CENTER LOOP

SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1247

SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3345126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IRWIN, JIM THE ASSOCIATION OFFISE 7 TOWN CENTER LOOP SANTA ROSA BEACH, FL 32459 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BERTHAUME, LOIS BERTHAUME, LOIS Name: Name: 1727 RIDGEWOOD DR. Address: 1727 RIDGEWOOD DR. Address: City-St-Zip: ATLANTA, GA 30307 City-St-Zip: ATLANTA, GA 30307

Title: SD Title: () Delete (X) Change () Addition

BROWN, MICHAEL Name: KELLY, DON Name:

Address: 4661 LA JOLLA Address: 4403 ORANGE LEAF COURT City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: HOUSTON, TX 77059

Title: PD Title: () Change () Addition () Delete

TYSON, JIM Name: Name: Address: 130 N ANDALUSIA AVE Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: BOLLA, ALEX Name: Address: 425 N. ANDALUSIA AVE Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SAUNDERS, RICHARD EVETT, BILL Name: Name:

120 CULLMAN AVE 357 N. ANDALUSIA AVENUE Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

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: JIM TYSON PD 04/30/2009