2005 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 16, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N95000005627** 03-16-2005 90027 020 ****61.25 THE GROVE AT SUMMERBROOKE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business **6753 THOMASVILLE RD** 6753 THOMASVILLE RD **PMR 111** PMB 111 TALLAHASSEE, FL 32312-3966 US TALLAHASSEE, FL 32312-3966 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03022005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3348901 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDDY, MARIE 1580-2 BANNERMAN RD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Stoneture, typed or printed herne of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Change ☐ Delete TITLE TITLE RICHARDSON, Scot MCEWEN, KERRI NAME NAME 1426 APPLEWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP Delete Addition TITLE NAME AVERY, MICHAEL NAME Pue, BriAN 1475 APPLEWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Change ☐ Addition TO MAHAN □ Delete TIFLE TRATAN, DIANA NAME NAME 1623 BERRY HILL CT STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete DICKEY, SABRINA NAME NAME STREET ADDRESS 7126 SHADY GROVE WAY STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition BMLD TITLE TITI F AHSAM, SHERRY A NAME NAME STREET ADDRESS 1617 BERRY HILL CT STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-77P Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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

FILED