2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90027 026 ****61.25

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1. Entity Name
THE GROVE AT SUMMERBROOKE HOMEOWNERS' ASSOCIATION, INC.

40040175

Principal Place of Business	Mailing Address
6753 THOMASVILLE RD PMB 111 TALLAHASSEE, FL 32312-3966 US	6753 THOMASVILLE RD PMB 111 TALLAHASSEE, FL 32312-3966 US

02052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1607 Village Sq. Blvd	
Suite, Apt. #, etc.: Ste 8	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32309 Country: USA	Zip Country

4. FEI Number 59-3348901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDDY, MARIE
7113 BEECH RIDGE TRL STE 1
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name: EDDY, Marie

Street Address (P.O. Box Number is Not Acceptable): 1607 Village Sq. Blvd, Ste 8

City: Tallahassee FL Zip Code: 32309

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: [signature] DATE: 2/5/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEWEN, KERRI 1426 APPLEWOOD WAY TALLAHASSEE, FL 32312	☐ Delete	D HEADRICK, JESSICA 7126 SHADY GROVE WAY TALLAHASSEE, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P RICHARDSON, SCOTT 7102 SHADY GROVE WAY TALLAHASSEE, FL 32312	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRAHAN, DIANA 1623 BERRY HILL CT TALLAHASSEE, FL 32312	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTTS, RUTH 1528 APPLEWOOD WAY TALLAHASSEE, FL 32312	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPACZ, JOE 1535 APPLEWOOD WAY TALLAHASSEE, FL 32312	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 2-5-08 850-894-1919

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