2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N95000005627

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

Current Principal Place of Business:

1607 VILLAGE SQ. BLVD
STE 8
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

6753 THOMASVILLE RD
PMB 111
TALLAHASSEE, FL 323123966 US

New Mailing Address:

FEI Number: 59-3348901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDDY, MARIE
1607 VILLAGE SQ. BLVD. STE 8
TALLAHASSEE, FL 32309 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: D ( ) Delete
Name: MCEWEN, KERRI
Address: 1426 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Delete
Name: RICHARDSON, SCOTT
Address: 7102 SHADY GROVE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: POTTS, RUTH
Address: 1528 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: KOPACZ, JOE
Address: 1535 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HEADRICK, JESSICA
Address: 7126 SHADY GROVE WAY
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCEWEN, KERRI
Address: 1426 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: MARIE EDDY MGR 03/16/2009

Electronic Signature of Signing Officer or Director — Date