

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005627

FILED  
Mar 08, 2011  
Secretary of State

**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:**

P O BOX 13565  
TALLAHASSEE, FL 32317 US

**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  
Name: MCEWEN, KERRI  
Address: 1426 APPLEWOOD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: THOMPSON, CHRISTOPHER  
Address: 1534 APPLEWOOD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P  
Name: CORBETT, WALTER  
Address: 1546 APPLEWOOD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D  
Name: ARMSTRONG, MELISSA  
Address: 7162 SHADY GROVE WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: MARIE EDDY

MGR

03/08/2011

Electronic Signature of Signing Officer or Director

Date