

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000278

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LAUREL GROVE PLANTATION OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1631 SMITH STREET  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 79  
ORANGE PARK, FL 32067 US

**New Mailing Address:**

**FEI Number:** 59-3425020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, PETER J  
2312 YELLOW JASMINE LANE  
ORANGE PARK, FL 32003 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: PD ( ) Delete  
Name: HAMMER, GREGORY  
Address: 1301 BLACKGUM CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD ( ) Delete  
Name: VIOLENA, KELLEY  
Address: 1313 BLACKGUM CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete  
Name: GILBERT, AMIE  
Address: 1407 DOG FENNEL CT  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KELLEY, ILONA  
Address: 1313 BLACK GUM CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change ( ) Addition  
Name: SEARCH, DANIEL  
Address: 1470 DOG FENNEL CT  
City-St-Zip: ORANGE PARK, FL 32073

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: ILONA KELLEY

PD

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date