2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
03-20-2008 90028 040 ****61.25

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01042008 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000003522

1. Entity Name
JUNE GROVES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11606 NW 19 DRIVE CORAL SPRINGS, FL 33071	POST OFFICE BOX 770850 CORAL SPRINGS, FL 33077

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2051142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK PROPERTY MANAGEMENT, INC.
11606 NW 19 DRIVE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
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	P STEVENS, ROBERT 13193 SW 16TH STREET DAVIE, FL 33325	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Jamie Blomquist 13102 SW 19 St. Davie, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TONYAN, PETER 13190 SW 16 ST. DAVIE, FL 33325	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Raquel Fontana 1660 SW 131 Terrace Davie, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SUEZ, JAIMIE 13132 SW 19TH STREET DAVIE, FL 33325	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Chris Cothone 1842 SW 132 Way Davie, FL 33325	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADZODL, DAVE 1603 SW 132ND WAY DAVIE, FL 33325	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Raul Marcano 1662 SW 132 Way Davie, FL 33325	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Scott Fleming 13191 SW 19 St. Davie, FL 33325	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #