

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004813

FILED
Mar 21, 2009
Secretary of State

Entity Name: VALRICO GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3906 WHISPER GROVE CT.
VALRICO, FL 33594 US

New Principal Place of Business:

3913 VALRICO GROVE DR.
VALRICO, FL 33594 US

Current Mailing Address:

PO BOX 1426
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-3547426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, SIDNEY W PA
2701 NORTH ROCKY POINT DR
SUITE 900
TAMPA, FL 33607 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: WARREN, MCKINNEY
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: VD () Delete
Name: SUSAN, BENTON
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: T () Delete
Name: HOLLIMON, CHRISTOPHER
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: S () Delete
Name: KANEWSKE, BARBARA
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REID, ROBERT DR.
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

Title: VD (X) Change () Addition
Name: MICHAEL, BRIAN
Address: P.O. BOX 1426
City-St-Zip: VALRICO, FL 33595 US

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: CHRISTOPHER HOLLIMON

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date