FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720569 (3)

1. Corporation Name

GARDEN GROVE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
116 SHELLEY DR SE P. O. BOX 56 CYPRESS GRDNS FL 33884	116 SHELLEY DR SE P. O. BOX 56 CYPRESS GRDNS FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1971
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2262391 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HELMS, LARRY 60-2ND STREET, S.E. ~~237 CHAUCER LN~~ WINTER HAVEN FL 33884	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHINALL, SAM	1.2 NAME	
STREET ADDRESS	120 LAGOON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	BRENDEMUHL, MARK	2.2 NAME	Tank, Bill
STREET ADDRESS	409 CYPRESS COVE	2.3 STREET ADDRESS	241 Lake Ned Road
CITY-ST-ZIP	WINTER HAVEN,FL 33884	2.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	MORRISSEY, NANCY	3.2 NAME	Smith, Gary
STREET ADDRESS	129 CHAUCER DRIVE	3.3 STREET ADDRESS	237 Lake Ned Road
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	HUBBARD, ROBERT	4.2 NAME	Breithaupt, Wanda
STREET ADDRESS	116 SHELLEY DR SE	4.3 STREET ADDRESS	413 Bayou Road
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARSON, SELWYN	5.2 NAME	
STREET ADDRESS	229 LAKE NED ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN,FL 33884	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	DORN, GEORGE	6.2 NAME	Budde, Dennis
STREET ADDRESS	217 DURRELL ROAD	6.3 STREET ADDRESS	229 Chaucer Lane
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	Winter Haven, FL 33884

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda Breithaupt Treasurer/Director 4/19/95 (813) 324-4498
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATION — Date — Daytime Phone #
Wanda BReithaupt

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