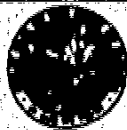


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:17

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 GROVES FL 33884

116 SHELLEY DR SE
P. O. BOX 56
CYPRESS GROVES 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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	SHINALL, SAM
STREET ADDRESS	120 LAGOON ROAD
CITY-STATE-ZIP	WINTER HAVEN, FL 00000
TITLE	VO
NAME	BRENDEMUHL, MARK
STREET ADDRESS	409 CYPRESS COVE
CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	MORRISSEY, NANCY
STREET ADDRESS	129 CHAUCER DRIVE
CITY-STATE-ZIP	WINTER HAVEN FL
TITLE	TD
NAME	HUBBARD, ROBERT
STREET ADDRESS	116 SHELLEY DR SE
CITY-STATE-ZIP	WINTER HAVEN FL
TITLE	D
NAME	CARSON, SELWYN
STREET ADDRESS	229 LAKE NED ROAD
CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	DORN, GEORGE
STREET ADDRESS	217 DURRELL ROAD
CITY-STATE-ZIP	WINTER HAVEN FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD Frank, Bill
2.3 STREET ADDRESS	241 Lake Ned Road
2.4 CITY-STATE-ZIP	Winter Haven, FL 33884
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SD Smith, Gary
3.3 STREET ADDRESS	237 Lake Ned Road
3.4 CITY-STATE-ZIP	Winter Haven, FL 33884
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	TD Breithaupt, Wanda
4.3 STREET ADDRESS	413 Bayou Road
4.4 CITY-STATE-ZIP	Winter Haven, FL 33884
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D Budde, Dennis
6.3 STREET ADDRESS	228 Chaucer Lane
6.4 CITY-STATE-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 110.07(3)(b), 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/

4/19/95

(813) 324-4498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Breithaupt

Director