FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 720569 (3)

1. Corporation Name
GARDEN GROVE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
~~110 SHELLEY DR SE~~	~~110 SHELLEY DR SE~~
P. O. BOX 56	P. O. BOX 56
CYPRESS GRDNS FL 33884	CYPRESS GRDNS FL 33884

3. Date Incorporated or Qualified: 03/23/1971
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 413 Bayou Road
22 Suite, Apt. #, etc.
23 City & State: Winter Haven, FL
24 Zip: 33884 25 Country: USA

2a. Mailing Address
26 P.O. Box 56
27 Suite, Apt. #, etc.
28 City & State: Cypress Gardens, FL
29 Zip: 33884 30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HELMS, LARRY
60-2ND STREET, S.E.
237 CHAUCER LN
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRANK, BILL		2.2 NAME		
STREET ADDRESS	241 LAKE NED ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN,FL 33884		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GARY		3.2 NAME		
STREET ADDRESS	237 LAKE NED RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREITHAUPT, WANDA		4.2 NAME		
STREET ADDRESS	413 BAYOU ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUDDE, DENNIS		6.2 NAME		
STREET ADDRESS	228 CHAUCER LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 1/29/96 (941)324-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wanda Breithaupt