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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720569** (3)

1. Corporation Name

GARDEN GROVE COMMUNITIES, INC.

Principal Place of Business

Mailing Address

**228 CHAUCER LANE
P.O. BOX 56
WINTER HAVEN FL 33884
US**

**P.O. BOX 56
CYPRESS GRDNS FL 33884
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/23/1971

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

**SMITH, GARY
237 LAKE NED RD.
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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**SD
SMITH, ANNETTE
237 LAKE NED RD.
WINTER HAVEN, FL 00000**

TITLE ☐ DELETE

**D
TRANK, BILL
241 LAKE NED ROAD
WINTER HAVEN, FL 33884**

TITLE ☐ DELETE

**PD
SMITH, GARY
237 LAKE NED RD
WINTER HAVEN FL**

TITLE ☐ DELETE

**VD
SKOLL, CARL
061 PAINE DR.
WINTER HAVEN FL**

TITLE ☐ DELETE

**TD
CARSON, SELWYN
229 LAKE NED ROAD
WINTER HAVEN, FL 33884**

TITLE ☐ DELETE

**D
BUDDE, DENNIS
228 CHAUCER LANE
WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
CARSON SELWYN
229 LAKE NED ROAD
WINTER HAVEN FL 33884**

**T
BUDDE DENNIS
228 CHAUCER LANE
WINTER HAVEN, FL 33884**

14. I hereby certify that the information supplied with this filing 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:

[Signature]

3-26-98

941-324-2072

CR2E037 (10/97)