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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

764875

(1)

Principal Place of Business	Malling Address
200 SUNSHIME BLVD.	200 SUNSHINE BLVD.
FT. FIERCE FL 34982-3901	FT. FIERCE FL 34982-3901

FILED Apr 18 1997 8:00am Secretary of State

THE G	ROVE COMMUNITY ASSO	OCIATION, INC.									
Principal Place	e of Business	Malling Address					T TEBRUH MANN BREE				HI BIBLI BIBLI IBBI
200 SUNSHINE BLVD. 200 SUNSHINE BLVD. FT. FIERCE FL 34982-3901 FT. FIERCE FL 34982-3901											
							3. Date incorporated or C 09/24/1982	Delified	3a. Da	te of Las 04/16/	t Report 1996
2. Principal P	lace of Business	2a. Mailing Addres	SS		,,,,,,,		4. FEI Number				Applied For
21		26					59-2224538				Not Applicable
Suite, Apt.	#, BIC.	Suite, Apt. #, e	HC.				5. Certificate of Status De	sired			5 Additional Required
City & State	е	City & State		·			6. Election Campaign Fine	ancing		\$5.0	May Be
23		28		<u>.</u>			Trust Fund Contribution	1		Adde	d to Fees
Ζip	Country	Zip	<u> </u>	ountry	<i>'</i>		8. This corporation has list	bility for I	Intangible	tax unde	r s. 199.032,
24	25 9. Name and Address of Curr	29 29 Anent	30	т-			Florida Statutes 10. Name and Address of		Yes [
	9. Marile dilly Address of Out	ent riegistered Agent		81	Nam	16	IV. Halling Billy Addings of	11000 (10	Ateralan .	-gein	
WYNNE	. JOEI			<u> </u>				4	1-1		
	FEDERAL HWY			82	Stree	at Addre	ess (P.O. Box Number is Not	Acceptab	He)		
	LUCIE 34952			83	<u> </u>						
				84	City					05 7	ip Code
				104	City				FL	85 Z	ip Code
11. Pursuant office or r agent. La	to the provisions of Sections 617.0 registered agent, or both, in the Stam familiar with, and accept the obl	0502 and 617.1508, Florida ate of Florida. Such change ligations of, Section 617.05	Statutes, the le was authoria 503, Florida S	above ed by latute:	e-name y the c s.	orporalic	oration submits this statement on's board of directors. I here	t for the p by accer	of the app	ointment	as registered
SIGNATURE	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the oblining the starm familiar with, and accept the oblining the starm of the starm	agent and title if applicable.	(NOTE: Registe	red Age			d when reinstating)		DATE	-, <u>-</u>	
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SIGNATURE _ 12. TITLE	Signature typed or printed name of registered of OFFICERS A	agent and title if applicable.	(NOTE: Registe	ored Age 3. TITLE	ent signal		d when reinstating)		DATE	-, <u>-</u>	ORS IN 12
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I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachytent with an address.

561-465-0265