

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90066 003 ****61.25

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DOCUMENT # 764875

1. Entity Name

THE GROVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**200 SUNSHINE BLVD.
 FT. FIERCE FL 34982-3901**

Mailing Address

**200 SUNSHINE BLVD.
 FT. FIERCE FL 34982-3901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2224538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYNNE, JOEL
 8000 S FEDERAL HWY
 PORT ST. LUCIE FL 34952**

Name
 Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **WYNNE, JOEL**
 STREET ADDRESS **8000 S FEDERAL HWY**
 CITY-ST-ZIP **PT ST LUCIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **ZAPKE, ELIZABETH**
 STREET ADDRESS **5810 SUMMERFIELD COURT**
 CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **VD** Change Addition
 NAME **BIZZARRO, RALPH**
 STREET ADDRESS **5856 SUMMERFIELD CT.**
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **STD** Delete
 NAME **LYON, FRANK**
 STREET ADDRESS **#1 SILVER OAK DR.**
 CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **STD** Change Addition
 NAME **HARVEY NEWMAN**
 STREET ADDRESS **8000 S. FEDERAL HWY #402**
 CITY-ST-ZIP **PT. ST. LUCIE, FL 34952**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Ralph J. Bizzarro* **772-465-0265**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/29/02** Daytime Phone #

CR2E037 (9/01)