


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 019 \*\*\*\*61.25

**DOCUMENT # 764875**  
 1. Entity Name  
**THE GROVE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**200 SUNSHINE BLVD.**      **200 SUNSHINE BLVD.**  
**FT. FIERCE FL 34982-3901**      **FT. FIERCE FL 34982-3901**

**34012032**



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2224538**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BEST, JAMES**  
**6018 ADONIDIA PLACE**  
**FORT PIERCE FL 34982**

**7. Name and Address of New Registered Agent**  
 Name - **Babkes, Herb**  
 Street Address (P.O. Box Number is Not Acceptable)  
**544 Paurotis Lane**  
 City      Ft. Pierce      FL      Zip Code  
**34982**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Herb Babkes*      **Herb Babkes, Pres.**      **2/12/04**  
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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEST, JAMES	
STREET ADDRESS	6018 ADONIDIA PLACE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARGETT, JON	
STREET ADDRESS	421 BANANA PLACE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BIZZARRO, RALPH	
STREET ADDRESS	5856 SUMMERFIELD CT.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEISMANTEL, JOSEPH	
STREET ADDRESS	5824 SUMMERFIELD CT.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRUNAUT, KAREN	
STREET ADDRESS	367 PAUROTIS LANE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Babkes, Herb	
STREET ADDRESS	544 Paurotis Lane	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis, Walter	
STREET ADDRESS	526 Ponderosa Dr.	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hargraves, Roland	
STREET ADDRESS	6007 Alexandria Cir.	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Herb Babkes*      **Herb Babkes, Pres**      **2/12/04**      **772-468-9161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #