


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 028 ****61.25

DOCUMENT # 764875 1. Entity Name THE GROVE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 200 SUNSHINE BLVD. FT. FIERCE FL 34982-3901	Mailing Address 200 SUNSHINE BLVD. FT. FIERCE FL 34982-3901
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2224538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAHN, MARTIN 6019 TRAVELERS WAY FORT PIERCE FL 34982	7. Name and Address of New Registered Agent Name James Best Street Address (P.O. Box Number is Not Acceptable) 6018 Adonidia Place City Fort Pierce FL Zip Code 34982
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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: *James E. Best* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) *1/22/07* (Date)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE	PD KAHN, MARTIN 6019 TRAVELERS WAY FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE	PD James Best 6018 Adonidia Place Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD ELLIS, WALTER 526 PODEROSA DR. FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE	VD Joseph Felicia 5841 Dream Court Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD RINALDI, FRANCIS 5728 TRAVELERS WAY FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE	VP Joseph Jones 5842 Honeybell Court Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	STD Joseph LaRiviere 61098 Alexandria Circle Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *James E. Best* James Best *1/22/07* 772-465-0265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #