
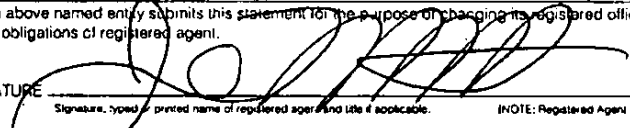
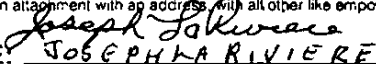


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY -3 PM 4: 30

CLERK OF STATE
TALLAHASSEE, FLORIDA
60045881

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2224538		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAHN, MARTIN 6019 TRAVELERS WAY FORT PIERCE, FL 34982		Jane Cornett Jane Cornett Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Jane Cornett Cornett, George & Earle P.A. 401 SE Osceola St. Stuart, FL 34994			
B. 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		DATE	
		4-26-07	
Filing 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, MARTIN 6019 TRAVELERS WAY FORT PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Best 6018 Adonidia Place Ft. Pierce, FL 34982
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS, WALTER 526 PODEROSA DR. FORT PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joe Jones 5842 Honeybell Ct. Ft. Pierce, FL 34982
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RINALDI, FRANCIS 5728 TRAVELERS WAY FORT PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Lariviere 6108 Alexandria Circle Ft. Pierce, FL 34982
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Felicia 5841 Dream Court Ft. Pierce, FL 34982
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 Chapter 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: 		DATE: APR 25 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	