

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 032 ****61.25



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.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number
59-2224538

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORNETT, JANE
CORNETT, GEORGE & EARLE P.A.
401 SE OSCEOLA ST
STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BEST, JIM	6018 ADONIDIA PLACE	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>
V	JONES, JOE	5842 HONEYBELL CT	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>
T	LARIVIERE, JOSEPH	6108 ALEXANDRIA CIRCLE	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>
D	FELICIA, JOE	5841 DREAM COURT	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	LENNON, PATRICK	5626 TRAVELERS WAY	FORT PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	RINALDI, FRANCIS	5728 TRAVELERS WAY	FORT PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	DESMOND, BONNIE	6224 ALEXANDRIA CIRCLE	FORT PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROSCHI, NORA MAE	5759 TRAVELERS WAY	FORT PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CURTIS, LAVONNE	6201 ALEXANDRIA CIRCLE	FORT PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Patrick A. Lennon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08 772-489-5811