

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764875

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE GROVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5890 S.US 1  
FT. FIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

5890 S. US 1  
FT. FIERCE, FL 34982

**New Mailing Address:**

5890 S.US 1  
FT. FIERCE, FL 34982

**FEI Number:** 59-2224538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LENNON, PATRICK  
Address: 5626 TRAVELERS WAY  
City-St-Zip: FORT PIERCE, FL 34982

Title: V  
Name: LAVONNE, CURTIS  
Address: 6201 ALEXANDRIA CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: S/T  
Name: DESMOND, BONNIE  
Address: 6224 ALEXANDRIA CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: ROSCHI, NORA MAE  
Address: 5759 TRAVELERS WAY  
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK LENNON

P

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date