

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764875

FILED
Jan 13, 2012
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:

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: ALLMAN, LARRY
Address: 6258 ALEXANDRIA CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

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

Title: S/T
Name: HARRINGTON, ROBERT W
Address: 506 PAUROTIS LANE
City-St-Zip: FORT PIERCE, FL 34982

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

Title: RS
Name: CURTIS, LAVONNE
Address: 6201 ALEXANDRIA CIRCLE
City-St-Zip: FT. 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: ROBERT W HARRINGTON

S/T

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date