

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90683 005 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2224538**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WYNNE, JOEL  
8000 S FEDERAL HWY  
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

**JAMES BEST**

Street Address (P.O. Box Number is Not Acceptable)

**6018 ADONIDIA PLACE**

City

**FT. PIERCE**

**FL**

Zip Code  
**34982**

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 Best*

**JAMES BEST, PRESIDENT**

**3/10/03**

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**

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	PD WYNNE, JOEL 8000 S FEDERAL HWY PT ST LUCIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIZZARRO, RALPH 5856 SUMMERFIELD COURT FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWMAN, HARVEY 8000 S FEDERAL HWY., #402 PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES BEST 6018 ADONIDIA PLACE FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN HARGETT 421 BANANA PLACE FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RALPH BIZZARRO 5856 SUMMERFIELD CT. FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH WEISMANTEL 5824 SUMMERFIELD CT. FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAREN BRUNAULT 367 PAUROTIS LANE FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Best* **REQUIREMENTS** **JAMES BEST**

**3/10/03**

**772-465-0265**

CR2E037 (10/02)