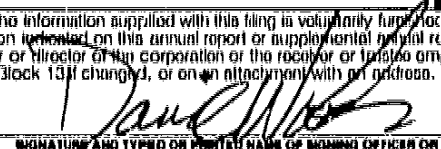


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS										
DOCUMENT # N40833 (8) 1. Corporation Name THE GROVE HOMEOWNER'S ASSOCIATION OF COLLIER COUNTY, INC.												
Principal Place of Business 1121 SHADY REST LANE P.O. BOX 10805 NAPLES FL 33941 US		Mailing Address 1121 SHADY REST LANE P.O. BOX 10805 NAPLES FL 33941 US										
2. Principal Place of Business 21 1121 SHADY REST LN. Suite, Apt. #, etc.		2a. Mailing Address 26 1121 SHADY REST LN Suite, Apt. #, etc.										
City & State 23 NAPLES, FL Zip Country 24 33940 25 US		City & State 28 NAPLES, FL Zip Country 29 33940 30 US										
9. Name and Address of Current Registered Agent WOODS, SHERRILL E. JR 680 5TH AVE S NAPLES FL 33940		10. Name and Address of New Registered Agent <table border="1" style="width: 100%;"><tr><td>81 Name</td><td></td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>83</td><td></td></tr><tr><td>84 City</td><td>FL</td></tr><tr><td>85 Zip Code</td><td></td></tr></table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
81 Name												
82 Street Address (P.O. Box Number is Not Acceptable)												
83												
84 City	FL											
85 Zip Code												
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, DAVID T. 1121 SHADY REST LN NAPLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, SHERRILL E. JR 1129 SHADY REST LANE NAPLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, NORMA P. 1129 SHADY REST LANE NAPLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP										
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual 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 recorder or recorder's empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/27/95 813 262 539 Date Signature Number										