FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46170 (9)

1. Corporation Name
THE GROVES MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13730 STATE ROAD 84 SUITE 125 DAVIE FL 33325	13730 STATE ROAD 84 SUITE 125 DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0319815 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARCIA, ROBERT
13730 STATE ROAD 84
SUITE 125
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: DANIEL H JOUVE
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: Daniel H. Jouve, President 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GARCIA, ROBERT	12 NAME	JOUVE, DAN	
STREET ADDRESS	472 BARBI LANE	13 STREET ADDRESS	522 Barbi Lane	
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	Davie, FL 33325	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	JOUVE, DAN	22 NAME	CROCKER, STEVE	
STREET ADDRESS	522 BARBI LANE	23 STREET ADDRESS	501 Barbi Lane	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Davie, FL 33325	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	POTENZA, PAT	32 NAME	EDWARDS, EDDIE	
STREET ADDRESS	502 BARBI LANE	33 STREET ADDRESS	44a Barbi Lane	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	Davie, FL 33325	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	SNAPP, DONNA	42 NAME	WILSON, KATHRINE	
STREET ADDRESS	481 BARBI LANE	43 STREET ADDRESS	14595 Shotgun Rd.	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	Davie, FL 33325	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	DELGADO, MARGARETTA	52 NAME		
STREET ADDRESS	14655 SHOTGUN ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathrine A. Wilson 3/21/95 305-475-3973
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0047266