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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

339856 - 90124 - 32

DOCUMENT # N46170

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~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1870 N. CORPORATE LAKES DR	26 1870 N. CORP. LAKES. DR.	11/22/1991
Suite, Apt. #, etc. 22 #-266343	Suite, Apt. #, etc. 27 #-266343	4. FEI Number 65-0319815 ☐ Applied For ☐ Not Applicable
City & State 23 WESTON, FL	City & State 28 WESTON, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33326-6343 25 USA	Zip / Country 29 33326-6343 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, MARCY ~~19730~~ STATE ROAD 84 ~~SUITE 125~~ DAVIE FL 33325 1870 N. CORPORATE LAKE DR. #-266343 WESTON, FL 33326-6343	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, MARCY		1.2 NAME		
STREET ADDRESS	14605 SHOTGUN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINKEAD, RICHARD		2.2 NAME		
STREET ADDRESS	485 GREATON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ISABEL CUSANO		3.2 NAME		
STREET ADDRESS	471 BARBRI LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DELGADO, MARGARETTA		4.2 NAME		
STREET ADDRESS	14655 SHOTGUN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	ELLIE A. HOWARD		5.2 NAME	MICHAEL CARABINE	
STREET ADDRESS	431 BARBRI LANE		5.3 STREET ADDRESS	461 BARBRI LN	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	VD	☑ DELETE	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	JOE LEDERER		6.2 NAME	JOHN DIBELLA	
STREET ADDRESS	441 BARBRI LANE		6.3 STREET ADDRESS	525 GREATON AVE	
CITY-ST-ZIP	DAVIE FL		6.4 CITY-ST-ZIP	DAVIE, FL 33325	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ~~Gonzalez, Marcy~~ **SIGNATURE REQUIRED** (954) 474-3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #