


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004380 (0)
 1. Corporation Name
GROVE ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US		C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	29. Country	25. Country	30. Country

3. Date Incorporated or Qualified	09/14/1995
4. FEI Number	65-0645780
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROSENTHAL, DAVID
 3082 JOG ROAD
 LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: *David C. Rosenthal* DATE: 2/18/98

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUDER, MICHAEL	
STREET ADDRESS	7200 W CAMINO REALSUITE 104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PB	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, GARY	
STREET ADDRESS	7200 W CAMINO REALSUITE 104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLLER, CYNTHIA	
STREET ADDRESS	7200 W CAMINO REALSUITE 104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hill, Kimberly	
1.3 STREET ADDRESS	7978 Laina Lane, #3	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Logan, Kym	
2.3 STREET ADDRESS	7978 Laina Lane, #3	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Voller, Cynthia	
3.3 STREET ADDRESS	7978 Laina Lane, #3	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Cynthia Voller* Secretary/Treasurer
 Cynthia Voller 3/10/98 561-374-8986

CR2E037 (10/97)