


FILE NOW: FILING FEE IS \$61.25

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90064 009 \*\*\*\*61.25

0046377

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N95000004380**

1. Corporation Name  
**GROVE ESTATES NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US	Mailing Address C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0645780
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROSENTHAL, DAVID 3082 JOG ROAD LAKE WORTH FL 33467				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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. Hunt DATE 4/28/99

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	<del>PVD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PLD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, KIMBERLY	1.2 NAME	Itzkowitz, Marvin
STREET ADDRESS	7978 LAINA LANE #3	1.3 STREET ADDRESS	9793 Lemonwood Court
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VLD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, KYM	2.2 NAME	Bokor, Lawrence
STREET ADDRESS	7978 LAINA LANE #3	2.3 STREET ADDRESS	9856 Lemonwood Drive
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLER, CYNTHIA	3.2 NAME	Gold, Lawrence
STREET ADDRESS	7978 LAINA LANE #3	3.3 STREET ADDRESS	9864 Lemonwood Court
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Kurtzman James
STREET ADDRESS		4.3 STREET ADDRESS	9872 Lemonwood Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Salinger, Adrian W.
STREET ADDRESS		5.3 STREET ADDRESS	9845 Lemonwood Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Seid, Murray
STREET ADDRESS		6.3 STREET ADDRESS	9842 Lemonwood Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Beach, FL 33437

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: Marvin Itzkowitz DATE 4/27/99 DAYTIME PHONE # 561-733-9253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)