

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002503 (8)**
1. Corporation Name
GROVE ESTATES II NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 7070 BOYNTON BEACH BLVD BOYNTON BEACH FL 33437	Mailing Address 7070 BOYNTON BEACH BLVD BOYNTON BEACH FL 33437-3805
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3. Date Incorporated or Qualified **05/08/1996** 3a. Date of Last Report

2. Principal Place of Business 21 10 CMD Management Suite, Apt. #, etc. 22 3082 Jog Road City & State 23 Lake Worth FL Zip Country 24 33467 25 USA	2a. Mailing Address 26 10 CMD Management Suite, Apt. #, etc. 27 3082 Jog Road City & State 28 Lake Worth, FL Zip Country 29 33467 30 USA
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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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PAINTER, JAMES M
1900 N FEDERAL HWY
SUITE 110
BOCA RATON FL 33492-2848**

10. Name and Address of New Registered Agent
81 Name **Rosenthal, David**
82 Street Address (P.O. Box Number is Not Acceptable)
3082 Jog Road
83
84 City **Lake Worth** FL 85 Zip Code **33467**

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 Rosenthal* 7/21/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, GARY	1.2 NAME	
STREET ADDRESS	7200 W CAMINO REAL, SUITE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLER, CYNTHIA <i>correct OK</i>	2.2 NAME	
STREET ADDRESS	7200 W CAMINO REAL, SUITE 104	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KIMBERLY	3.2 NAME	
STREET ADDRESS	7200 W CAMINO REAL, SUITE 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 S. Voller* 3/27/97 561-374-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042510

CR2E037 (9/96)