


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006853</b> 1. Entity Name <b>GROVES AT BAYTREE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>129 JUNIPER WAY TAVARES FL 32778</b>	Mailing Address <b>129 JUNIPER WAY TAVARES FL 32778</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3639106</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	1st MOORE CR2E037 (10/05)
Zip	Country	

**6. Name and Address of Current Registered Agent**

**HOLLAND, HAROLD F  
316 BAYTREE BLVD.  
TAVARES FL 32778**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD HOLLAND, HAROLD F	<input type="checkbox"/>
STREET ADDRESS	316 BAYTREE BLVD.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE NAME	VD HOLLAND, MICHAEL D	<input type="checkbox"/>
STREET ADDRESS	129 JUNIPER WAY	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE NAME	STD HOLLAND, LAURA E	<input type="checkbox"/>
STREET ADDRESS	316 BAYTREE BLVD.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

U00000508342  
04/27/06-80099-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*[Handwritten signatures and initials]*