2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751645

FILED May 13, 2004 Secretary of State

Entity Name: GROVE GATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	27 AVE #2 T GROVE, FL 33	133		
Current Mailing Address:		New Mailing Address:		
	27 AVE #6 T GROVE, FL 33	133		
El Number	: 59-1995467	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
RUCE A	ADDICK			
	ADELAND BLVD.	1500		
130 S. D. IIAMI, FL he above	ADELAND BLVD. 33156 US		ourpose of changing its registered	d office or registered agent, or both
130 S. D. IIAMI, FL he above	ADELAND BLVD. 33156 US e named entity sub e of Florida. RE:	omits this statement for the p		d office or registered agent, or both
130 S. Di MIAMI, FL The above In the State SIGNATUI	ADELAND BLVD. 33156 US e named entity sub e of Florida. RE:	omits this statement for the positions of Registered Agr	ent	
130 S. Di MIAMI, FL The above In the State SIGNATUI	ADELAND BLVD. 33156 US e named entity suble of Florida. RE: Electronic	omits this statement for the p Signature of Registered Ago PRS:	ent	Date
130 S. D. MIAMI, FL The above the State SIGNATUI DFFICER ittle: ame: ddress:	ADELAND BLVD. 33156 US e named entity suble of Florida. RE: Electronic S AND DIRECTO PD () De ROMANO, TONY 3176 SW 27 AVE #	omits this statement for the positions of Registered Agreems: PRS: Plete #6	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY ROMANO PD 05/13/2004