## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04522

FILED Apr 09, 2009 Secretary of State

Entity Name: GARDENS IN THE GROVE-1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

21 SE 5TH ST C/O CAMS

BOCA RATON, FL 33432 US 314 N.E. 3RD STREET

BOYNTON BEACH, FL 33435 US

Current Mailing Address: New Mailing Address:

21 SE 5TH ST C/ O CAMS

BOCA RATON, FL 33432 US 314 N.E. 3RD STREET

BOYNTON BEACH, FL 33435 US

FEI Number: 59-2444303 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:

 BISHOP, TERESA C
 MARSHALL, M. KEITH

 21 SE 5TH ST 100
 2999 N.E. 191ST STREET

 BOCA RATON, FL 33432
 US

 #805

AVENTURA, FL 33180 US

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.

SIGNATURE: SHERI MCKENZIE BOOKKEEPER 04/09/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BUKCHETTE, BOB
 Name:
 BUKCHETTE, BOB

 Address:
 7369 ORANGEWOOD LANE
 Address:
 7369 ORANGEWOOD LANE

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

Title: PD ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 WOLTHER, NELSON
 Name:
 WOLTHER, NELSON

 Address:
 7369 ORANGEWOOD LANE
 Address:
 7369 ORANGEWOOD LANE

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

 $\label{eq:title: V () Delete Title: D (X) Change () Addition} \end{title: D (X) Change () Addition}$ 

Name: SHORR, MEL Name: SHORR, MEL

Address: 7369 ORANGEWOOD LANE Address: 7369 ORANGEWOOD LANE City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERI MCKENZIE BKPR 04/09/2009