

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764875

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC2790050037**

**Entity Name:** THE GROVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5890 S.US 1  
FT. FIERCE, FL 34982

**Current Mailing Address:**

5890 S.US 1  
FT. FIERCE, FL 34982

**FEI Number: 59-2224538**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORNETT, JANE  
BCKER & POLIAKOFF  
401 SE OSCEOLA ST FIRST FLOOR  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALLMAN, LARRY  
Address 5890 S.US 1  
City-State-Zip: FT. FIERCE FL 34982

Title VP  
Name DESMOND, BONNIE  
Address 5890 S. US 1  
City-State-Zip: FORT PIERCE FL 34982

Title S/T  
Name LENNON, MARILYN  
Address 5890 S. US 1  
City-State-Zip: FORT PIERCE FL 34982

Title OM  
Name ROSCHI, NORA MAE  
Address 5890 S. US 1  
City-State-Zip: FORT PIERCE FL 34982

Title CORRESPONDING SECRETARY  
Name VACANT  
Address 5890 S.US 1  
City-State-Zip: FT. FIERCE FL 34982

*I hereby 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 all other like empowered.*

**SIGNATURE: LARRY ALLMAN**

**PRESIDENT**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date