

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

DOCUMENT# N95000004380

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC6035598661**

**Entity Name:** GROVE ESTATES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD  
GREENACRES, FL 33463 US

**FEI Number:** 65-0645780

**Certificate of Status Desired:** No

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

ROSENTHAL, DAVID  
C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD  
GREENACRES, FL 33463 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 AUSTIN, BILL  
Address 7673 LEMONWOOD ST.  
City-State-Zip: BOYNTON BEACH FL 33437

Title D  
Name CASUCCI, GIACOMO  
Address 9837 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title VP, SECRETARY  
Name RIFF, MARLA  
Address 9838 LEMONWOOD DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER  
Name BARBETTA, VINCENT  
Address 9805 LEMONWOOD CT.  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name SCHNETZER, CHRIS  
Address 9824 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name DIAMOND, ARNIE  
Address 9747 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name SHUSTERMAN, DONALD  
Address 9863 LEMONWOOD DR.  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** BILL AUSTIN

**PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date