

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004380

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC0378553618**

**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           PRESIDENT  
Name           CASUCCI, GIACOMO  
Address        9837 LEMONWOOD WAY  
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, ARNOLD  
Address        9747 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

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

Title           DIRECTOR  
Name           KUSHNER, MAC  
Address        9831 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           KARSON, MARTIN  
Address        9785 LEMONWOOD DRIVE  
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:** GIACOMO CASUCCI

**PRESIDENT**

**01/16/2018**

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

\_\_\_\_\_  
Date