

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002503

Entity Name: GROVE ESTATES II 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:** 65-0726673**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	FUNT, SUSAN
Address	9628 HONEYBELL CIR.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	VOGEL, LEE
Address	9635 ORCHID GROVE TRAIL
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	STEINBERG, NORMAN
Address	9515 HONEYBELL CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SECRETARY
Name	GLINKENHOUSE, ALAN
Address	9576 HONEYBELL CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	TREASURER
Name	GRILL, HELEN
Address	9610 ORCHARD GROVE TRAIL
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP
Name	HERMANN, DIANE
Address	9564 HONEYBELL CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	MONTAG, RICHARD
Address	9639 ORACHID GROVETRAIL
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: FUNT SUSAN**PRESIDENT****03/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date