#### 2014 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

## Name and Address of Current Registered Agent:

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

City-State-Zip: BOYNTON BEACH FL 33437

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

## Officer/Director Detail :

| Title           | D                       | Title           | VP                     |
|-----------------|-------------------------|-----------------|------------------------|
| Name            | STEINBERG, NORMAN       | Name            | HERMANN, DIANNE        |
| Address         | 9515 HONEYBELL CIR.     | Address         | 9564 HONEYBELL CIR.    |
| City-State-Zip: | BOYNTON BEACH FL 33437  | City-State-Zip: | BOYNTON BEACH FL 33437 |
| Title           | T, SECRETARY            | Title           | PRESIDENT              |
| Name            | KING, DONNA             | Name            | FUNT, SUSAN            |
| Address         | 9627 HONEYBELL CIR.     | Address         | 9628 HONEYBELL CIR.    |
| City-State-Zip: | BOYNTON BEACH FL 33437  | City-State-Zip: | BOYNTON BEACH FL 33437 |
| Title           | D                       | Title           | DIRECTOR               |
| Name            | VOGEL, MORTON           | Name            | STEIN, LEONARD         |
| Address         | 9635 ORCHID GROVE TRAIL | Address         | 9647 HONEYBELL CIRCLE  |
| City-State-Zip: | BOYNTON BEACH FL 33437  | City-State-Zip: | BOYNTON BEACH FL 33437 |
| Title           | DIRECTOR                |                 |                        |
| Name            | BEERS, KENNETH          |                 |                        |
| Address         | 9635 HONEYBELL CIRCLE   |                 |                        |
|                 |                         |                 |                        |

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: SUSAN FUNT |                                                         | PRESIDENT | 03/21/2014 |
|-----------------------|---------------------------------------------------------|-----------|------------|
|                       | Electronic Signature of Signing Officer/Director Detail |           | Date       |

FILED Mar 21, 2014 Secretary of State CC8911798763

Certificate of Status Desired: No

Date