

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000006853

**Entity Name:** GROVES AT BAYTREE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Oct 24, 2017**  
**Secretary of State**  
**CC7317719985**

**Current Principal Place of Business:**

13864 TIMBERBROOKE DRIVE  
101  
ORLANDO, FL 32824

**Current Mailing Address:**

P O BOX 770446  
ORLANDO, FL 32877-0446 US

**FEI Number: 59-3639106**

**Certificate of Status Desired: No**

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

NAB COMMUNITY MANAGEMENT, LLC  
13864 TIMBERBROOKE DRIVE  
101  
ORLANDO, FL 32824 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: NEIL J BAILEY SR**

**10/24/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LARKIN, CORINNE  
Address        P O BOX 770446  
City-State-Zip: ORLANDO FL 32877-0446

Title            SECRETARY  
Name            BISHOP, ROBIN  
Address        P O BOX 770446  
City-State-Zip: ORLANDO FL 32877-0446

Title            VP  
Name            LESTER, GAIL  
Address        P O BOX 770446  
City-State-Zip: ORLANDO FL 32877-0446

Title            VP  
Name            BLAKE, RICHARD  
Address        P O BOX 770446  
City-State-Zip: ORLANDO FL 32877-0446

Title            TREASURER  
Name            ORTIZ, ROSA  
Address        P O BOX 770446  
City-State-Zip: ORLANDO FL 32877-0446

*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: CORINNE LARKIN**

**PRESIDENT**

**10/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date