## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF C	CORPORA	TIONS	j			
DOCU 1. Corporation	MENT # 707497	7 (4)						
GROVE	E CITY CIVIC ASSOCIATION	. INC.						
						1 18 8 (1) 18 8 (1) 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		in alan biah nadi
Principal Place	e of Business	Mailing Address						
2080 OYSTER CREEK DR 2080 OYSTER CREEK DR			₹					
ENGLEWOOD US	) FL 34224	ENGLEWOOD FL 34224						
US		U\$			;	Date Incorporated or Qualified	3a. Date of Las	st Report
2. Principal Pt	lace of Business	2a. Mailing Address				06/29/1964 FEI Number	05/01/	
21		26				59-2130884	}	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	<b>\$8.7</b>	5 Additional
22		27				Certificate of Status Desired	1	Required
City & State	е	City & State			l '	Flection Campaign Financing  Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Coun	try		. This corporation has liability for inte		
24	25   9. Name and Address of Current	29 Registered Agent	30				Yes 🗹 No	
	J. Hame and Addides of Content	Hogistated Agent	- 1	31 Name		D. Name and Address of New Reg	Pistered Agent	
BERGHO	DEF, GERARD			32 Street	Addroso (f	O Doy Mymbor in Mat Assessables		
2080 OYSTER CREEK DRIVE				Sireer /	reet Address (P.O. Box Number is Not Acceptable)			
ENGLEW	VOOD FL 34224		[	33				
			t	34 City			85 2	Zip Code
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1509 Florida Statutos	the above				FLI	·
Or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	a Such change was authorized	by the co	e-named co orporation's l	board of	submits this statement for the purpo directors. I hereby accept the appoint	ise of changing its itment as registere	registered office   id agent. I am
SIGNATURE	in, and accept the boligations of, Section	on 617.0503, Florida Statutes.						
	Signature, typed or printed name of registered agent a			gent signature re	required when		DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICE		
NAME	BERGHOEF, GERARD	Погген	1.1 TITL 1.2 NAM	I			Change	Addition
STREET ADDRESS	2080 OYSTER CREEK DRIVE			EET ADORESS				[2]
CITY-ST-ZIP	ENGLEWOOD, FL 34224			'-\$T-ZIP				ָּעַ בַּ
TITLE	D	<b>∏</b> DELETE	2.1 TITL	E	VP		Change	Addition
NAME	MASLACK, JOHN		2.2 NAW	NE	1	Mercer		
STREET ADDRESS	2065 OYSTER CREEK DR			EET ADDRESS	1	) Illinois, Grove C	ity FL 34	224
CITY - ST - ZIP	ENGLEWOOD, FL 34224 S	DELETE	2.4 CIT	Y-ST-ZIP	<del> </del>		Change	
NAME	WELTER, ALPHA	V December	32 NAM	_	S	yn Volker	12 Charge	L] Addition
STREET ADDRESS	LANDINGS D 304			EET ADDRESS		) Mississippi		İ
CITY-ST-ZIP	ENGLEWOOD, FL 34224		3.4. CIT	Y-ST-ZIP		re City FL 34224		
TITLE	T	DELETE	4 1 TITU	E	T.		Change	Addition
NAME	BERGHOEF, AUDREY		4. 2 NAN	1	Anne	tte Gutknecht		
STREET ADDRESS  CITY-ST-ZIP	2080 Oyster Creek Dr Englewood Fl 34224	,		EET ADDRESS		Mississippi		
TITLE	D	DELETE	4.4 CITY	-ST-ZIP		e City FL 34224	Change	[ ] Addition
NAME	CAPIZZI, SAL	<u> </u>	5.2 NAM		D Alar	Ford	3€1 ouenße	L) AUGURI
STREET ADDRESS	2469 SANDY			EET ADDRESS		Sandy Ln		
CITY-ST-ZIP	ENGLEWOOD, FL 34224			-ST-ZIP		e City FL 34224		i
TITLE	V	DELETE	6.1 TITL	E	D		Change	☐ Addition
NAME	MERCER, ROBERT		6.2 NAM			Spowart		
STREET ADDRESS	1990 ILLINOIS AVENUE ENGLEWOOD, FL 34224			ET ADDRESS		Holly		Į
CITY-ST-ZIP  14. I do hereb	y certify that the information supplied w	ith this filing is voluntarily furnish	ned and do	-ST-ZIP Desinot qual	Grov	re City FL 34224 exemption stated in Section 119 07/	(3)/k) Florida Ctat.	toe   further
certify that	the information indicated on this applies	I roport or a molemental and is	1 400000	Anna and an		A About the control of the control o	why i which stall	noon i sui ti teli

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRIME TO THE OF SIGNAL OFFICER OR DIRECTOR

Febr. 20 1996

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