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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707497** (4)

1. Corporation Name

GROVE CITY CMC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2481 SANDY LANE
GROVE CITY FL 34224
US**

**P.O. BOX 5201
GROVE CITY STATION
GROVE CITY FL 34224
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1964

4. FEI Number

59-2130884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FORD, ALAN
2481 SANDY LANE
GROVE CITY FL 34224**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Alan Ford

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME FORD, ALAN
STREET ADDRESS 2481 SANDY LANE
CITY-ST-ZIP GROVE CITY FL**

TITLE ☐ DELETE

**VP
NAME BERGHOEF, GERARD
STREET ADDRESS 2080 OYSTER CREEK DRIVE
CITY-ST-ZIP GROVE CITY FL**

TITLE ☐ DELETE

**S
NAME SHINSKE, AUDREY
STREET ADDRESS 2820 12TH STREET
CITY-ST-ZIP GROVE CITY FL**

TITLE ☐ DELETE

**T
NAME GUTKNECT, ANNETTE
STREET ADDRESS 2129 MISSISSIPPI
CITY-ST-ZIP GROVE CITY FL**

TITLE ☐ DELETE

**D
NAME VOLKER, JOE
STREET ADDRESS 1949 MISSISSIPPI
CITY-ST-ZIP GROVE CITY FL**

TITLE ☐ DELETE

**D
NAME SPOWART, NOEL
STREET ADDRESS 3230 HOLLY
CITY-ST-ZIP GROVE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:

Alan Ford

4/8/98

941-475-0141

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