


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90005 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720569					
1. Corporation Name GARDEN GROVE COMMUNITIES, INC.					
Principal Place of Business 228 CHAUCER LANE P.O. BOX 56 WINTER HAVEN FL 33884 US			Mailing Address P.O. BOX 56 CYPRESS GRDNS FL 33884 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2262391	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, GARY 237 LAKE NED RD. 237 CHAUCER LN WINTER HAVEN FL 33884				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ANNETTE			1.2 NAME			
STREET ADDRESS	237 LAKE NED RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRANK, BILL			2.2 NAME	BRENDENMUHL MARK		
STREET ADDRESS	241 LAKE NED ROAD			2.3 STREET ADDRESS	237 DURRELL RD		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			2.4 CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, GARY			3.2 NAME			
STREET ADDRESS	237 LAKE NED RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SKOLL, CARL			4.2 NAME	HERRICK JOHN		
STREET ADDRESS	061 PAINE DR.			4.3 STREET ADDRESS	425 CYPRESS COVE		
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, SELWYN			5.2 NAME			
STREET ADDRESS	229 LAKE NED ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUDDE, DENNIS			6.2 NAME			
STREET ADDRESS	228 CHAUCER LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			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, with all other like empowered.

SIGNATURE: WONATUIB BUDDE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

941-324-2072

Daytime Phone #

CR2E037 (11/98)