
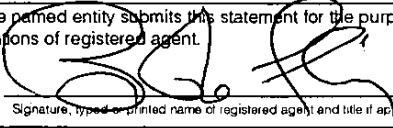



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90298 050 ****61.25

DOCUMENT # 720569 1. Entity Name GARDEN GROVE COMMUNITIES, INC.					
Principal Place of Business 153 POE DR SE WINTER HAVEN FL 33884 US		Mailing Address 153 POE DR SE GARDEN GROVE COMMUNITIES INC WINTER HAVEN FL 33884 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1661 Suite, Apt. #, etc.			
City & State Dundee, FL		4. FEI Number 59-2262391		Applied For <input type="checkbox"/> Not Applicable	
Zip 33838	Country PAK	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRENDEMUHL, MARK A 153 POE DR. SE WINTER HAVEN FL 33884			7. Name and Address of New Registered Agent Name Bob FLing Street Address (P.O. Box Number is Not Acceptable) 6088 Southern Oaks Dr. City Winter Haven FL Zip Code 33884		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIARDULLO, JOE 423 LANIER LANE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dick Lindley 525 Coleman Dr. West Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, DON 153 POE DR. SE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete Same	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRINI, BEATRICE 700 LAKE NED RD WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy Bennett 204 Kipling Lane Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRETT, BEVERLY DR. 104 BYRON PLACE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tammy Siegel 105 Whittier Lane Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKKO, MIKE 125 GRANT RD. WINTER HAVEN FL 33884	<input type="checkbox"/> Delete Same	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEMEYER, RUSSELL 204 LAKE NED RD WINTER HAVEN FL 33884	<input type="checkbox"/> Delete Same	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Donald W. Allen, Treasurer  2/28/05 863-604-3148					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					