

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

004977

04-25-2003 90136 050 \*\*\*\*61.25

**DOCUMENT # 720569**

1. Entity Name

**GARDEN GROVE COMMUNITIES, INC.**



Principal Place of Business

**119 STEVENSON RD  
WINTER HAVEN FL 33884  
US**

Mailing Address

**PO BOX 8068  
GARDEN GROVE COMMUNITIES INC  
WINTER HAVEN FL 33884-8068  
US**

2. Principal Place of Business

**153 Poe Dr. SE.**

3. Mailing Address

**← Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Haven, FL**

City & State

Zip

Country

**33884**

**Polk**

Zip

Country

4. FEI Number **59-2262391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DUNN, AL  
119 STEVENSON RD  
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name **Mark A. Brendemuhl**

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

**237 Durrell Rd**

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 **Mark A. Brendemuhl, President**

**3/31/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNN, AL</b>	
STREET ADDRESS	<b>119 STEVENSON RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRENDEMUEL, MARK</b>	
STREET ADDRESS	<b>237 DURRELL RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FULLAM, MARIE</b>	
STREET ADDRESS	<b>228 PAIN DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, DONALD W</b>	
STREET ADDRESS	<b>153 POE DR SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNN, JO</b>	
STREET ADDRESS	<b>119 STEVENSON</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIEMEYER, RUSSELL</b>	
STREET ADDRESS	<b>204 LAKE NED RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Giardullo, Joe</b>	
STREET ADDRESS	<b>423 Lanier Lane, Winter Haven</b>	
CITY-ST-ZIP	<b>33884</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brendemuhl, Mark</b>	
STREET ADDRESS	<b>237 Durrell Rd</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Andrini, Beatrice</b>	
STREET ADDRESS	<b>700 Lake Ned Rd</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nicholson, Clayton</b>	
STREET ADDRESS	<b>449 Durrell Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blume, Jim</b>	
STREET ADDRESS	<b>408 Durrell Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Mark A. Brendemuhl**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03**  
Date

**(863) 325-9758**  
Daytime Phone #

CR2E037 (10/02)