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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 730667 (3)
1. Corporation Name
CONDOMINIUM ASSOCIATION OF THE GROVE, INC.

Principal Place of Business Mailing Address
1244 THE GROVE ROAD ORANGE PARK FLORIDA 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/12/1974** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1574554** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
**PROFESSIONAL COMMUNITY MGMT., INCORPORATED
1732 KINGSLEY AVE.
SUITE 202
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FOX, VIRGIL
STREET ADDRESS	1203 THE GROVE ROAD
CITY - ST - ZIP	ORANGE PK, FL 00000
TITLE	P
NAME	HEILMAN IRENE
STREET ADDRESS	1217 THE GROVE RD
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D
NAME	MCCOLLEY LILLIAN
STREET ADDRESS	1227 THE GROVE RD
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D
NAME	HOLLIDAY MARJORIE
STREET ADDRESS	1253 THE GROVE RD
CITY - ST - ZIP	ORANGE PARK FL
TITLE	S
NAME	PARLAND ANNE
STREET ADDRESS	1252 THE GROVE RD
CITY - ST - ZIP	ORANGE PARK FL
TITLE	DT
NAME	FITZMARTIN PHYLLIS
STREET ADDRESS	1201 THE GROVE RD
CITY - ST - ZIP	ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCULLEY, LILLIAN	
1.3 STREET ADDRESS	1227 THE GROVE ROAD	
1.4 CITY - ST - ZIP	ORANGE PARK, FL 32073	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES HARVEY	
2.3 STREET ADDRESS	1283 THE GROVE ROAD	
2.4 CITY - ST - ZIP	ORANGE PARK, FL 32073	
3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNE FARLAW	
3.3 STREET ADDRESS	1252 THE GROVE ROAD	
3.4 CITY - ST - ZIP	ORANGE PARK, FL 32073	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phyllis Fitzmartin	
4.3 STREET ADDRESS	1201 THE GROVE ROAD	
4.4 CITY - ST - ZIP	ORANGE PARK, FL 32073	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fred Bragdon	
6.3 STREET ADDRESS	1223 THE GROVE ROAD	
6.4 CITY - ST - ZIP	ORANGE PARK, FL 32073	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **LILLIAN MCCULLEY, PRESIDENT** 02/23/95 (904) 278-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)