

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**      **1244 THE GROVE ROAD ORANGE PARK FLORIDA 32073**

3. Date Incorporated or Qualified **09/12/1974**      3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip      Country 30. Country  
24. 25. 29. 30.

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARVEY, JAMES</b>
STREET ADDRESS	<b>1283 THE GROVE ROAD</b>
CITY-ST-ZIP	<b>ORANGE PK, FL 00000</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>FARLAND, ANNE</b>
STREET ADDRESS	<b>1252 THE GROVE ROAD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCOLLEY LILIAN</b>
STREET ADDRESS	<b>1227 THE GROVE RD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAGDON, FRED</b>
STREET ADDRESS	<b>1223 THE GROVE ROAD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PARLAND ANNE</b>
STREET ADDRESS	<b>1252 THE GROVE RD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>FITZMARTIN PHYLLIS</b>
STREET ADDRESS	<b>1201 THE GROVE RD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 McColley*      3/12/96      (904) 278-9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)