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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730667

1. Corporation Name

CONDOMINIUM ASSOCIATION OF THE GROVE, INC.

Principal Place of Business

1244 THE GROVE ROAD
ORANGE PARK FLORIDA 32073

Mailing Address

1244 THE GROVE ROAD
ORANGE PARK FLORIDA 32073



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/12/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1574554

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, ALAN
1732 KINGSLEY AVE.
SUITE 202
ORANGE PARK FL 32073

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 D DELETE
NAME HARVEY, JAMES
STREET ADDRESS 1283 THE GROVE ROAD
CITY-ST-ZIP ORANGE PK, FL 00000

1.1 TITLE Change Addition
1.2 NAME ALCORN, LILLIAN
1.3 STREET ADDRESS 1249 THE GROVE ROAD
1.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE SD DELETE
NAME FARLAND, ANNE
STREET ADDRESS 1252 THE GROVE ROAD
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE PD Change Addition
2.2 NAME FARLAND, ANNE
2.3 STREET ADDRESS 1252 THE GROVE ROAD
2.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE PD DELETE
NAME MCCULLEY, LILLIAN
STREET ADDRESS 1227 THE GROVE RD
CITY-ST-ZIP ORANGE PARK FL

3.1 TITLE SD Change Addition
3.2 NAME JONES, ARLEEN
3.3 STREET ADDRESS 2933 SHOREWARD AVE
3.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VD DELETE
NAME BRAGDON, FRED
STREET ADDRESS 1223 THE GROVE ROAD
CITY-ST-ZIP ORANGE PARK FL

4.1 TITLE VD Change Addition
4.2 NAME HOLLIDAY, MARJORIE
4.3 STREET ADDRESS 1253 THE GROVE ROAD
4.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD DELETE
NAME FITZMARTIN PHYLLIS
STREET ADDRESS 1201 THE GROVE RD
CITY-ST-ZIP ORANGE PARK FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (904) 278-9999
Date Daytime Phone #

CR2E037 (1/198)