

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90016 042 ****70.00

DOCUMENT # 730667

1. Entity 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 32073-3705
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1574554	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country		

6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE. SUITE 202 ORANGE PARK FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D FARLAND, ANNE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1249 THE GROVE RD		STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL 32073		CITY-ST-ZIP	
TITLE NAME PD FARLAND, ANNE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1252 THE GROVE ROAD		STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL 32073		CITY-ST-ZIP	
TITLE NAME SD JONES, ARLEEN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2933 SHOREWARD AVE		STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL 32073		CITY-ST-ZIP	
TITLE NAME VD HOLLIDAY, MARGORIE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1253 THE GROVE RD		STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL 32073		CITY-ST-ZIP	
TITLE NAME ID FITZMARTIN PHYLLIS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1201 THE GROVE RD		STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME D MILLIAN AL CORN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1249 THE GROVE RD	
CITY-ST-ZIP		CITY-ST-ZIP ORANGE PARK, FL 32073	

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: *Phyllis Fitzmartin* DIRECTOR Date: **3-13-00** Daytime Phone #: **(904) 269-074**

CR2E037 19/99