

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

0007258

03-01-2001 91341 006 ****70.00

DOCUMENT # 730667
 1. Entity Name
CONDOMINIUM ASSOCIATION OF THE GROVE, INC.

Principal Place of Business 1244 THE GROVE ROAD ORANGE PARK FL 32073	Mailing Address 1244 THE GROVE ROAD ORANGE PARK FL 32073
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1574554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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

TITLE NAME PD FARLAND, ANNE STREET ADDRESS 1252 THE GROVE ROAD CITY-ST-ZIP ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME SD JONES, ARLEEN STREET ADDRESS 2933 SHOREWARD AVE CITY-ST-ZIP ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME VD HOLLIDAY, MARGORIE STREET ADDRESS 1253 THE GROVE RD CITY-ST-ZIP ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME TD FITZMARTIN PHYLLIS STREET ADDRESS 1201 THE GROVE RD CITY-ST-ZIP ORANGE PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SD MADDEN, HELEN STREET ADDRESS 1269 THE GROVE RD CITY-ST-ZIP ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD MADDEN, HELEN STREET ADDRESS 1269 THE GROVE RD CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD MEYER, HOWARD STREET ADDRESS 1289 THE GROVE RD CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D ALCORN, WILLIAM STREET ADDRESS 1249 THE GROVE RD CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Helen J. Madden* **2/23/2001 904-215-9160**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)