

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90107 040 \*\*\*\*70.00

<b>DOCUMENT # 730667</b> 1. Entity Name <b>CONDOMINIUM ASSOCIATION OF THE GROVE, INC.</b>			
Principal Place of Business <b>1244 THE GROVE ROAD</b> <b>ORANGE PARK, FL 32073</b>		Mailing Address <b>1244 THE GROVE ROAD</b> <b>ORANGE PARK, FL 32073</b>	
2. Principal Place of Business Suite, Apt. #, etc. <i>Professional Community Mgt. Inc.</i> <b>786 Blanding Blvd. #118</b> <b>Orange Park, FL 32065</b>		3. Mailing Address Suite, Apt. #. <i>Professional Community Mgt. Inc.</i> <b>786 Blanding Blvd. #118</b> <b>Orange Park, FL 32065</b>	
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>	
Zip <b>32065</b>		Country <b>USA</b>	
4. FEI Number <b>59-1574554</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>PERRY, ALAN</b> <b>1732 KINGSLEY AVE.</b> <b>SUITE 202</b> <b>ORANGE PARK, FL 32073</b>		7. Name and Address of New Registered Agent  Name <b>Alan Perry</b> Street Address (P.O. Box Number in ) <b>786 Blanding Blvd. #118</b> <b>Orange Park, FL 32065</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		ALAN PERRY (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARLAND, ANNE 1252 THE GROVE ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDENER, RUBY 1268 THE GROVE RD. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEKS, REXANNA A THE GROVE ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, CHARLES 1273 THE GROVE RD. ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSEX, MARGARET 1255 THE GROVE ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Benford Fairchild 1215 The Grove Rd. Orange Park, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Ruby Widener Date 3/01/05 Daytime Phone #	