


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 036 ****70.00

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



Principal Place of Business
 PROFESSIONAL COMMUNITY MGT INC
 786 BLANDING BLVD #118
 ORANGE PARK, FL 32065

Mailing Address
 PROFESSIONAL COMMUNITY MGT INC
 786 BLANDING BLVD #118
 ORANGE PARK, FL 32065

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State


4. FEI Number
 59-1574554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PERRY, ALAN
 786 BLANDING BLVD #118
 ORANGE PARK, FL 32065



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1574554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RUTH, BRADY	
STREET ADDRESS	1274 THE GROVE RD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIDENER, RUBY	
STREET ADDRESS	1268 THE GROVE RD.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEEKS, REXANNA A	
STREET ADDRESS	THE GROVE ROAD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAIRCHILD, BEAUFORD	
STREET ADDRESS	1215 THE GROVE RD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ESSEX, MARGARET	
STREET ADDRESS	1255 THE GROVE ROAD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Farland	
STREET ADDRESS	1252 The Grove Rd.	
CITY-ST-ZIP	Orange Park FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lucy H. Widener **3/10/08** **904-298-2321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #