


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90456 041 ****61.25

DOCUMENT # 764874 1. Entity Name THE GROVE CONDOMINIUM, SECTION ONE, ASSOCIATION, INC.					
Principal Place of Business 200 SUNSHINE BLVD. FT PIERCE FL 34982-3901		Mailing Address 200 SUNSHINE BLVD. FT PIERCE FL 34982-3901			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2224541 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent HUGILL, THOMAS 519 PONDEROSA DRIVE FT. PIERCE FL 34982				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JONES, JOSEPH 5842 HONEYBELL CT FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patarcity, Robert 5806 Summerfield Court Ft. Pierce, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGILL, THOMAS 519 PONDEROSA DR FORT PIERCE FL 34982 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hugill, Thomas 519 Ponderosa Dr. Ft. Pierce, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELICIA, JOSEPH 5841 DREAM CT FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roman, Helen 5843 Honeybell Ct. Ft. Pierce, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUGLIANO, LOUIS 5834 HONEBELL CT FORT PIERCE FL 34982 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, RICHARD 515 PONDEROSA DR FORT PIERCE FL 34982 <input type="checkbox"/> Delete		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"/> Delete		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 exemptions contained in Section 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:

Thomas S. Hugill

2-17-06 ✓

772-465-0265