


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90040 035 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent HUGILL, THOMAS 519 PONDEROSA DRIVE FT. PIERCE FL 34982	
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7. Name and Address of New Registered Agent Name Ralph Bizzarro Street Address (P.O. Box Number is Not Acceptable) 5856 Summerfield Court City Ft. Pierce FL Zip Code 34982	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Ralph J. Bizzarro</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>1-22-07</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD PATARCITY, ROBERT 5806 SUMMERFIELD CT FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HUGILL, THOMAS 519 PONDEROSA DR FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD ROMAN, HELEN 5843 HONEYBELL CT FORT PIERCE FL 34982 <input type="checkbox"/> Delete
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	S RYAN, RICHARD 515 PONDEROSA DR FORT PIERCE FL 34982 <input checked="" 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 STREET ADDRESS CITY ST ZIP	VPD Joseph Jones 5842 Honeybell Court Ft. Pierce, FL 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD Ralph Bizzarro 5856 Summerfield Court Ft. Pierce, FL 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S <input checked="" 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
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD Joseph Felicia 5841 Dream Court Ft. Pierce, FL 34982 <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 exemptions contained in Section 609, 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.	
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SIGNATURE: <i>Ralph J. Bizzarro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	RALPH BIZZARRO <small>Date</small>	772-465-0265 <small>Daytime Phone #</small>
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