2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 764874

Entity Name: THE GROVE CONDOMINIUM, SECTION ONE, ASSOCIATION, INC.

Current Principal Place of Business:

200 SUNSHINE BLVD.
FT PIERCE, FL 349823901

New Principal Place of Business:

Current Mailing Address:

200 SUNSHINE BLVD.
FT PIERCE, FL 349823901

New Mailing Address:

FEI Number: 59-2224541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIZZARRO, RALPH
5856 SUMMERFILED CT.
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

ELLIS, WALTER PD
526 PONDEROSA DRIVE
FT. PIERCE, FL 34982 US

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: WALTER ELLIS 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: WEISMANTEL, JOSEPH
Address: 5824 SUMMERFIELD CT
City-St-Zip: FORT PIERCE, FL 34982

Title: PD ( ) Delete
Name: BIZZARRO, RALPH
Address: 5856 SUMMERFIELD CT.
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete
Name: GUGLIANO, LOUIS
Address: 5834 HONEBELL CT
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD (X) Delete
Name: FELICIA, JOSEPH
Address: 5841 DREAM COURT
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: TAYLOR, PAUL VP
Address: 5849 SUMMERFIELD CT
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD (X) Change ( ) Addition
Name: PATERCITY, PENNY VPD
Address: 5806 SUMMERFIELD CT.
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ELLIS PRES 03/11/2009
Electronic Signature of Signing Officer or Director Date