2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90035 032 ****61.25

DOCUMENT # **764875**

1. Entity Name

THE GROVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 SUNSHINE BLVD. FT. FIERCE FL 34982-3901	200 SUNSHINE BLVD. FT. FIERCE FL 34982-3901

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2224538 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORNETT, JANE CORNETT, GEORGE & EARLE P.A. 401 SE OSCEOLA ST STUART FL 34994	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

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	P
NAME	BEST, JIM	NAME	LENNON, PATRICK
STREET ADDRESS	6018 ADONIDIA PLACE	STREET ADDRESS	5626 TRAVELERS WAY
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	FORT PIERCE, FL 34982
	☒ Delete		☐ Change ☒ Addition
TITLE	V	TITLE	V
NAME	JONES, JOE	NAME	RINALDI, FRANCIS
STREET ADDRESS	5842 HONEYBELL CT	STREET ADDRESS	5728 TRAVELERS WAY
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	FORT PIERCE, FL 34982
	☒ Delete		☐ Change ☒ Addition
TITLE	T	TITLE	T
NAME	LARIVIERE, JOSEPH	NAME	DESMOND, BONNIE
STREET ADDRESS	6108 ALEXANDRIA CIRCLE	STREET ADDRESS	6224 ALEXANDRIA CIRCLE
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	FORT PIERCE, FL 34982
	☒ Delete		☐ Change ☒ Addition
TITLE	D	TITLE	D
NAME	FELICIA, JOE	NAME	ROSCHI, NORA MAE
STREET ADDRESS	5841 DREAM COURT	STREET ADDRESS	5759 TRAVELERS WAY
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	FORT PIERCE, FL 34982
	☒ Delete		☐ Change ☒ Addition
TITLE		TITLE	D
NAME		NAME	CURTIS, LAVONNE
STREET ADDRESS		STREET ADDRESS	6201 ALEXANDRIA CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	FORT PIERCE, FL 34982
	☐ Delete		☐ Change ☒ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ 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: Patrick A. Lennon — 3/4/08 — 772-489-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #