

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764875

FILED
Jan 08, 2009
Secretary of State

Entity Name: THE GROVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

200 SUNSHINE BLVD.
FT. FIERCE, FL 349823901

New Principal Place of Business:

5890 S.US 1
FT. FIERCE, FL 34982

Current Mailing Address:

200 SUNSHINE BLVD.
FT. FIERCE, FL 349823901

New Mailing Address:

5890 S. US 1
FT. FIERCE, FL 34982

FEI Number: 59-2224538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
CORNETT, GEORGE & EARLE P.A.
401 SE OSCEOLA ST
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENNON, PATRICK
Address: 5626 TRAVELERS WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: V () Delete
Name: FRANCIS, RINALDI
Address: 5728 TRAVELERS WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: DESMOND, BONNIE
Address: 6224 ALEXANDRIA CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: ROSCHI, NORA MAE
Address: 5759 TRAVELERS WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: LAVONNE, CURTIS
Address: 6201 ALEXANDRIA CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: DESMOND, BONNIE
Address: 6224 ALEXANDRIA CIRCLE
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: PATRICK LENNON

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date