

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44359**

1. Corporation Name

THE GROVE GOLF COMMUNITY, INC.

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90014 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1990

4. FEI Number

65-0252300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAMAN, ALLEN I.
8762 ESTATE DRIVE
WEST PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SLAMAN, ALLEN I**
STREET ADDRESS **8762 ESTATE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **SLAMAN, ROBERT A**
STREET ADDRESS **2168 MAJESTIC WOODS BLVD**
CITY-ST-ZIP **APOPKA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **WEINSTEIN, FRED**
STREET ADDRESS **3695 W BOYNTON BEACH BLVD, STE 8**
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen I. Slaman
Signature, typed or printed name of registered agent and title if applicable.

7-9-99 (561) 795-4047

0077436

CR2E034 (5/99)

590742-90014-48
L44359

Page: 1 Document Name: untitled

BANK 0607 OPERID ZVG9 STOP HOLD CAUTION ALERT UPDATE OBSHC11 07/12/99 12:44
ADD STOP

ACCOUNT BANK	ACCOUNT NUMBER	TYPE	BEGIN DATE	END DATE	CHECK DATE
0607	0182002027084	S	071299	011200	012999

AMOUNT LOW	AMOUNT HIGH	CHECK NBR LOW	CHECK NBR HIGH	CHARGE	FEE WAIVE
150.00	150.00	3070	3070	1	00

DESCRIPTION : DEPARTMENT OF STATE

OPERID ZVG9 ENTRY NBR 0001 TYPE S STATUS RECORD ACCEPTED
FUNCTION AS BANK 0607 ACCOUNT 0182002027084
PF1=>HELP PF3=>SHCA SEL MENU PF4=>MAIN MENU PF5=>ADD ANOTHER S,R,L,H,K,C

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8762 ESTATE DR
WEST PALM BCH, FL
33411
JULY 9, 1999

DEPT. OF STATE OF FLORIDA
SECRETARY OF STATE, DIV. OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500
ATTN: KATHERINE HARRIS

RE: GROVE GOLF COMMUNITY, INC.

DEAR MS. HARRIS:

WITHIN THE LAST COUPLE OF DAYS I RECEIVED A SECOND NOTICE OF "1999 PROFIT CORPORATION ANNUAL REPORT" PACKET. I WAS VERY SURPRISED IN THAT I HAD PREVIOUSLY PAID \$150.00 BY SUTRUST BANK CHECK #3070 ON JANUARY 29, 1999. IN CHECKING WITH THE BANK I DISCOVERED YOUR OFFICE DID NOT CASH MY CHECK. I REQUESTED THE BANK TO STOP PAYMENT THEREOF. (COPY ATTACHED). I AM FORWARDING TO YOU A NEW CHECK IN THE AMOUNT OF \$150.00 ALONG WITH A COMPLETED FORM YOU RECENTLY SENT ME AS I ASSUME MY FIRST NOTICE FROM YOU WAS LOST BY YOUR OFFICE AT THE SAME TIME MY CHECK WAS LOST.

I DO NOT FEEL THAT I SHOULD BE PENALIZED BECAUSE YOU DID NOT PROCESS MY

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ORIGINAL PAYMENT. I HOPE YOU AGREE. I
SINCERELY HOPE THAT YOU BELIEVE THAT I
MAILED THE ORIGINAL FORM AND CHECK TIMELY,
BECAUSE I DID. TO PAY AN ADDITIONAL \$400.00
FOR SOMETHING THAT WAS NOT MY FAULT
WILL TRULY BE A GREAT HARDSHIP.

YOUR CONSIDERATION IN THIS MATTER
IS APPRECIATED.

SINCERELY,

Esther M. Slaman

ESTHER M. SLAMAN