

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90090 032 ****61.25

DOCUMENT # N00000008528

1. Entity Name

**THE GROVE HOMEOWNERS ASSOCIATION OF ALACHUA
COUNTY, INC.**



Principal Place of Business

**4400 NW 36TH AVE.
GAINESVILLE FL 32606**

Mailing Address

**4400 NW 36TH AVE.
GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3717113

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

**MANAGEMENT SPECIALISTS
440 NW 36TH AVE.
GAINESVILLE FL 32606**

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, 2006**

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

TITLE **P** ☒ Delete
NAME **KRAFT, PETER**
STREET ADDRESS **4424 NE 155TH TERR**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **S** ☒ Delete
NAME **MELCHOIR, WENDY**
STREET ADDRESS **4404 NW 155TH TERR**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **T** ☐ Delete
NAME **FORTNER, CHRITOPHER**
STREET ADDRESS **7318 NW 155TH TERR**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Broom, Tim**
STREET ADDRESS **14818 NW 45 Place**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **D** ☐ Change ☒ Addition
NAME **Schroth, David**
STREET ADDRESS **4116 NW 155 Terrae**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **PD** ☒ Change ☐ Addition
NAME **Fortner, Christopher**
STREET ADDRESS **7318 NW 155 Terr**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: