

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008528

FILED
Apr 22, 2011
Secretary of State

Entity Name: THE GROVE HOMEOWNERS ASSOCIATION OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

500 NW 43RD STREET
3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3717113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL
500 NW 93RD STREET
3
GAINESVILLE, FL 32607 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: D
Name: BROOM, TIM
Address: 14818 NW 45TH PL
City-St-Zip: NEWBERRY, FL 32669

Title: P
Name: SCHROTT, DAVID
Address: 4116 NW 155TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: T
Name: FLEMING, JOHN
Address: 4202 NW 155TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: S
Name: PRITCHETT, PHILLIP
Address: 15508 NW 45TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: VP
Name: APPLETON, BILL
Address: 15411 NW 45TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: PAULY, DANIEL
Address: 15205 NW 45TH PLACE
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: DAVID SCHROTT

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date