

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90179 050 ****61.25

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1. Entity Name
**THE GREATER GROVES COMMERCIAL PARK
PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS, FL 32714**



02222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0050939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKETT, WILLIAM A
215 N EOLA DR
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREGG, CHARLES W
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VD
NAME	CONLEY, HAMPTON P
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	STD
NAME	SNYDER, SIMON
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 4078690300
Date Daytime Phone #