


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90067 001 ****61.25

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| DOCUMENT # N02000000206 | | | |  | |
| 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 1033 STATE RD 436 SUITE 121 CASSELBERRY, FL 32707 | | |
| 2. Principal Place of Business - No P.O. Box # 1033 STATE ROAD 436 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 121 | | Suite, Apt. #, etc. | | | |
| City & State CASSELBERRY FL | | City & State | | 4. FEI Number 26-0050939 | |
| Zip 32707 | | Country SEMINOLE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECKETT, WILLIAM A 215 N EOLA DR ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| State | | | State | | |
| Zip Code | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GREGG, CHARLES W 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1033 STATE ROAD 436 #121 CASSELBERRY FL 32707 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD - CONLEY, HAMPTON P 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SNYDER, SIMON 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COB MANOELL, ROBERT A 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO GALLAGHER, STEPHEN 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 407-331-8290 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |