

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000206	
1. Entity Name THE GREATER GROVES COMMERCIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	
Principal Place of Business 1033 STATE ROAD 436 STE 121 CASSELBERRY, FL 32707	Mailing Address 1033 STATE RD 436 SUITE 121 CASSELBERRY, FL 32707



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0050939	Applied For <input type="checkbox"/> Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, CHARLES W 1033 STATEROAD 436 STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONLEY, HAMPTON P 1033 STATE ROAD 436 STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNYDER, SIMON 1033 STATE ROAD 436 STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB MANOELL, ROBERT A 1033 STATE ROAD 436 STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GALLAGHER, STEPHEN 1033 STATE ROAD 436 STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/08-80042-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #