

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 007 ****61.25

DOCUMENT # N02000003398					
1. Entity Name GROVE PLACE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 1401 HWY A1A STE 301 VERO BEACH, FL 32963 <i>1285 30th Street</i>			Mailing Address 1401 HWY A1A STE 301 VERO BEACH, FL 32963 <i>3001 Ocean Dr.</i>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Vero Beach</i>		Suite, Apt. #, etc. <i>Suite 202</i>			
City & State <i>FL</i>		City & State <i>Vero Beach</i>			
Zip <i>32960</i>	Country <i>USA</i>	Zip <i>FL</i>	Country <i>USA</i>	4. FEI Number 04-3702605	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W 756 BEACHLAND BLVD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name <i>Derek Arden</i> Street Address (P.O. Box Number is Not Acceptable) <i>3001 Ocean Dr. Suite 202</i> City <i>Vero Beach</i> <i>FL</i> Zip Code <i>32960</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>4/12/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	DS PROCTOR, DONALD C <input type="checkbox"/> Delete 1401 HWY A1A STE 301 VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. David Griffin 1285 30th Street Vero Beach, FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SWANSON, JOHN F <input type="checkbox"/> Delete 3003 CARDINAL DR STE B VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Brian DeNarine 1285 30th St. Vero Beach FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT D'HAESELEER, RONALD V <input type="checkbox"/> Delete 1401 HWY A1A STE 301 VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Keith Kalish 1285 30th Street Vero Beach, FL 32960	
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	
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	
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 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 life empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	