

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

**FILED**

**Mar 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N03897**

**1. Entity Name**  
GROVEWOOD 3010 CONDOMINIUM ASSOCIATION, INC.



**Principal Place of Business**  
3010 C.W. GROVEWOOD CT.  
TAMPA, FL 33629

**Mailing Address**  
3010 C.W. GROVEWOOD CT.  
TAMPA, FL 33629



03022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2721198

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WILSON, JAMES W II  
3010 A W. GROVEWOOD CT.  
TAMPA, FL 33629

**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** WILSON, JAMES W II  
**STREET ADDRESS** 3010 A W. GROVEWOOD CT  
**CITY-ST-ZIP** TAMPA, FL 33629

**TITLE** D  
**NAME** FERNANDEZ, ANTHONY A  
**STREET ADDRESS** 3010 B W. GROVEWOOD CT.  
**CITY-ST-ZIP** TAMPA, FL 33629

**TITLE** SD  
**NAME** POPOVICH, BERNADETTE C  
**STREET ADDRESS** 3010 D W. GROVEWOOD CT.  
**CITY-ST-ZIP** TAMPA, FL 33629

**TITLE** TD  
**NAME** KILCOYNE, JAMES  
**STREET ADDRESS** 3010 C W. GROVEWOOD CT.  
**CITY-ST-ZIP** TAMPA, FL 33629

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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03/09/05-80025-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** *James J. Kilcoyne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-2-05* *813-831-2511*  
Date Daytime Phone #