



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90034 017 ****61.25

DOCUMENT # N04000004598 1. Entity Name THE GROVES TRAVEL CLUB, INC.					
Principal Place of Business 7547 BERNA LANE LAND O' LAKES, FL 34639				Mailing Address 7547 BERNA LANE LAND O' LAKES, FL 34639	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1144992	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HESS, JOHN W 7547 BERNA LANE LAND O' LAKES, FL 34637				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMILLAN, CAROL		NAME	WARREN GROOMES	
STREET ADDRESS	20847 REDBLUSH LANE		STREET ADDRESS	20738 NECTARINE PLACE	
CITY-ST-ZIP	LAND O' LAKES, FL 34637		CITY-ST-ZIP	LAND O' LAKES, FL 34637	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RAYMOND M		NAME	MARY HESS	
STREET ADDRESS	20845 EUSTIS ROAD		STREET ADDRESS	7547 BERNA LANE	
CITY-ST-ZIP	LAND O' LAKES, FL 34637		CITY-ST-ZIP	LAND O' LAKES, FL 34637	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERMAK, PAUL		NAME	LONDA OWENS	
STREET ADDRESS	7618 BERNA LANE		STREET ADDRESS	8156 SANGUINETTI	
CITY-ST-ZIP	LAND O' LAKES, FL 34637		CITY-ST-ZIP	LAND O' LAKES, FL 34637	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOSEPH RCB	
STREET ADDRESS			STREET ADDRESS	20823 REDBLUSH LN.	
CITY-ST-ZIP			CITY-ST-ZIP	LAND O' LAKES, FL 34637	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1/25/07 813 838 1732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
JOSEPH F. RCB					