



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009537		
1. Entity Name GROVELAND ESTATES COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904		Mailing Address 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904
DO NOT WRITE IN THIS SPACE		
		01052007 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-2159153		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, COY A 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		U00000608015 01/31/07 80053-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, COY A 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBB, ROBERT F 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALLEY, CLARK 575 S WICKHAM ROAD SUITE E WEST MELBOURNE, FL 32904	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #