


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010472

1. Entity Name
THE GROVE HOMEOWNERS ASSOCIATION OF WAKULLA, INC.



Principal Place of Business Mailing Address

**508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301** **508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301**



03292006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1214669 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE RD 4TH FLOOR
TALLAHASSEE, FL 32309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TURNER, DOUGLAS E
STREET ADDRESS	508-A CAPITAL CIRCLE SE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	SAXON, FRED
STREET ADDRESS	508-A CAPITAL CIRCLE SE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	O'REILLY, JOHN
STREET ADDRESS	508-A CAPITAL CIRCLE SE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000497329
04/22/06-80050-006 61.25

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: John O'Reilly 3-29-06 850-656-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #