2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

TREASURER (861)487-3

lorch

Keuben

Ken ben Jour Hu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N04519 1. Entity Name GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.							04	-13-2005 90	0060 036 ****61	.25
Principal Plac 7369 & 737 30CA RATOR	O ORANGEW	OOD LANE	6300 PARK OF COMMI	Mailing Address % PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			 			
2. Principal F	Place of Busin	ness	3. Mailing Address	3. Mailing Address .						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03302005 CH	ng-NP	CR2E037 (10/03))
City & State			City & State				4. FEI Number 59-244428	3	 -	Applied For Not Applicable
Zip	ip Country		Zip	Cou	Country -		5. Certificate of Sta	atus Desired	S8.75 A	
	6. Name	and Address of Current F	legistered Agent				7. Name and Address of New Registered Agent			
SWATT, N 5300 PAR % PRIME BOCA RA	K OF COM MGMT, G			Name Torch, Keuber Street Address (P.O. Box Number is Not Acc			her Not Acceptable WOOD Z			
			City Bock			KATON	· · · · · · ·	FL Zip Co	133	
	tions of regist	y submits this statement for ered agent. Let Let To or printed name of registered agent ar	rila - Reu	bev	Torc	h -	REASURER when reinstaling)	the State of Flo	rida. I am familiar with	h, and accept
	_	e is \$61.25 lay 1, 2005		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		ike check payable da Department of S	
10. TITLE HAME STREET ADDRESS	OFFICERS AND DIRECTOR PD STILLMAN, DAVID 7370 ORANGEWOOD LN., #103 BOCA RATON, FL 33433		ECTORS Delete	11. TITLE NAME STREET ADDRE			ADDITIONS/CHANGE	ES TO OFFICEF	RS AND DIRECTORS I	
TITLE HAME STREET ADDRESS HTY-ST-ZIP	VD LEVINSON, MIKE 7369 ORANGEWOOD LANE #108 BOCA RATON, FL		☐ Defete	TITLE NAME STREET ADDRES CITY-ST-ZIP					Change	☐ Addition
TITLE FRAME OTREET ADDRESS OTTY-ST-ZIP	STD TORCH, REUBEN 7370 ORANGEWOOD LANE # 208 BOCA RATON, FL 33433		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		TO			Change	Addition
TITLE HAME TREET ADDRESS HTY-ST-ZIP	,		☐ Delete						☐ Change	Addition
TITLE HAME STREET ADDRESS HY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	is		☐ Delete	NAME STREET ADDA CITY-ST-ZIF					☐ Change	Addition
of the cor	poration or the	e information supplied with t t or supplemental report is t be receiver or trustee empoy schment with an address, wi	vered to execute this report	as requir	nption stat ure shall he ed by Cha	ed in Sec ave the s pter 617	ction 119.07(3)(i), Flosame legal effect as if , Florida Statutes; and	rida Statutes. I f made under o d that my name	further certify that the ath; that I am an office appears in Block 10 c	information er or director or Block 11 if