

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 025 ****61.25

DOCUMENT # N04519	
1. Entity Name GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 7369 & 7370 ORANGEWOOD LANE BOCA RATON, FL 33433 US	Mailing Address % PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US
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2. Principal Place of Business - No P.O. Box # 21 SE 5th STREET	3. Mailing Address 21 SE 5th STREET
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100

01092007 Chg-NP CR2E037 (12/06)

City & State BOCA RATON	City & State BOCA RATON
Zip 33432	Country PAUL BERTH
Country PAUL BERTH	Zip 33432
Country PAUL BERTH	Country PAUL BERTH

4. FEI Number 59-2444283	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORCH, REUBEN 7370 ORANGEWOOD LANE #208 BOCA RATON, FL 33433	
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7. Name and Address of New Registered Agent Name TELESH C BISHOP Street Address (P.O. Box Number is Not Acceptable) 21 SE 5th STREET #100 City BOCA RATON FL Zip Code 33432	
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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 *TC Bishop* (NOTE: Registered Agent signature required when resigning) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILLMAN, DAVID 7370 ORANGEWOOD LN., #103 BOCA RATON, FL 33433 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINSON, MIKE 7369 ORANGEWOOD LANE #108 BOCA RATON, FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORCH, REUBEN 7370 ORANGEWOOD LANE # 208 BOCA RATON, FL 33433 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATHER, NELSON 7369 ORANGEWOOD LANE BOCA RATON FL 33433 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *David Stillman* **DAVID STILLMAN** 3/12/07 561 389 6812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #