

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N04762
 1. Entity Name
 COUNTRY GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 6325 ANGUS ROAD 6325 ANGUS ROAD
 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2641312 Not Applicable

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

6. Name and Address of Current Registered Agent
 EFFMAN, BERNARD
 6325 ANGUS ROAD
 LAKE WORTH, FL 33467

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EFFMAN, MERYL 6325 ANGUS ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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(100000)134400
 01/25/05-60101-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 1/20/05 Daytime Phone #: 334-966-5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR