


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

**FILED
Oct 18, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # N04762			
1. Entity Name COUNTRY GROVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6325 ANGUS ROAD LAKE WORTH, FL 33467		Mailing Address 6325 ANGUS ROAD LAKE WORTH, FL 33467	
2. Principal Place of Business 4406 Country Grove Blvd. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State West Palm Beach, FL.		City & State	
Zip 33406	Country USA	Zip	Country
4. FEI Number 59-2641312		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 EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name ST. JOHN, CORE & LEMME, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE, #701 City WEST PALM BEACH FL Zip Code 33401	
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: DAVID ST. JOHN		DATE: 9/28/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Erica P. Vita 4406 Country Grove Blvd. West Palm Beach, FL. 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EFFMAN, MERYL 6325 ANGUS ROAD LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Connie Rogers 4378 Country Grove Blvd. West Palm Beach, FL. 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Connie McRoy 4410 Country Grove Blvd. West Palm Beach, FL. 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Seandre Heaton 4394 Country Grove Blvd. West Palm Beach, FL. 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alternate Cory Cumbie 4402 Country Grove Blvd. West Palm Beach, FL. 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		400060730724 10/18/05--01088--006 **70.00	
SIGNATURE: Eric P. Vita (Pres) Erica P. Vita		Date: 10/14/05 Daytime Phone #: 561-676-7199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

