


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90069 045 \*\*\*\*70.00

**DOCUMENT # N04762**

1. Entity Name  
**COUNTRY GROVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4406 COUNTRY GROVE BLVD  
 WEST PALM BEACH, FL 33406**

Mailing Address  
**4406 COUNTRY GROVE BLVD  
 WEST PALM BEACH, FL 33406**



2. Principal Place of Business  
**4442 Country Grove Blvd.**

3. Mailing Address  
**4442 Country Grove Blvd.**

Suite, Apt. #, etc.

01272006 Chg-NP CR2E037 (11/05)

City & State  
**W.P.B. FL.**

City & State  
**W.P.B. FL.**

Zip  
**33406**

Country  
**USA**

4. FEI Number  
**59-2641312**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE & LEMME, P.A.  
 1601 FORUM PLACE  
 #701  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITA, ERICA P 4406 COUNTRY GROVE BLVD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, CONNIE 4378 COUNTRY GROVE BLVD WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCRAY, CONNIE 4410 COUNTRY GROVE BLVD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEATON, JEANNE 4394 COUNTRY GROVE BLVD WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALT CUMBIE, CORY 4406 COUNTRY GROVE BLVD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMBIE, CORY 4442 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Corroll, Samantha 4454 Country Grove Blvd W.P.B FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *Cory Cumbie* agent of Country Grove Condo Association Date **2-29-06** (561) 307-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR