

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 020 ****61.25

DOCUMENT # N05000002058					
1. Entity Name THE RESIDENTS' COUNCIL OF GROVE TERRACE, INC.					
Principal Place of Business 201 GROVE STREET N VENICE, FL 34285			Mailing Address 201 GROVE STREET N VENICE, FL 34285		
2. Principal Place of Business 201 GROVE STREET N. Suite, Apt. #, etc.		3. Mailing Address 201 GROVE STREET N. Suite, Apt. #, etc.			
City & State VENICE, FLORIDA		City & State VENICE, FLORIDA		4. FEI Number 20-4073747	
Zip 34285		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01102006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent CANADA, CARTER 202 GROVE STREET N VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 GROVE STREET N. 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 <u>CARTER CANADA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Carter Canada</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/11/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	P CANADA, CARTER 202 GROVE STREET N VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 GROVE STREET N. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASBURY, LENA 272 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT DWAYNE SMITH 265 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, MARY 263 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AGNES CARRASCO 268 GROVE STREET N. VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, TRACY 266 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARITZA LAGO 236 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASCO, AGNES 268 GROVE STREET N VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY DIXON DIRECTOR MARY DIXON 263 GROVE STREET N. VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHARLES 259 GROVE STREET N VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES REED 259 GROVE STREET N. VENICE, FL 34285	<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: <u>CARTER CANADA</u>		<u>Carter Canada</u>		<u>1/11/06</u> <u>(941) 480-9055</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	