

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003606

FILED  
Mar 21, 2006  
Secretary of State

**Entity Name:** THE GROVE AT RIVER OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

200 SOUTH PARK RD., SUITE 455  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH PARK RD., SUITE 455  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-2713009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNHAM, ANDREW T  
200 SOUTH PARK RD., SUITE 455  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: VEREERSTRAETEN, DANIELLE  
Address: 200 SOUTH PARK RD., SUITE 455  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete  
Name: MORALES, MARCY  
Address: 200 SOUTH PARK RD., SUITE 455  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD ( ) Delete  
Name: ROHLWING, BETH  
Address: 200 SOUTH PARK RD., SUITE 455  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH ROHLWING

PD

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date