2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08156



FILED Apr 12, 2007 8:00 am Secretary of State

1. Entity Name GARDENS IN THE GROVE-2 CONDOMINIUM ASSOCIATION, INC.				04-12-2007 90036 004 ****61.25			
7370 ORANGEWOOD LN C/O BOCA RATON, FL 33433 630			C/O PRIME MANAGMENT GROUP 6300 PARK OF COMMERCE BLVD		a o Inii qin iga rusin i	134 G188 3134 S18A 3134	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address A STREET 24 SE 5			STHEET				
Suite, Apt. #, etc.				01092007 Ch	ng-NP CR	2E037 (12/06)	<u>-</u> -
Sity & State Soca LATTON Sity & State Soca LATTON			4. FEI Number 59-2502993			— — — —	plied For t Applicable
^{Zip} 33√3	Country U.S. W.	33V32 1	Country U-S-P	5. Certificate of Str		Fee Required	
#208		7. Name and Address of New Registered Agent Name—FELESA C. B.S.H.P. Street Address (P.O. Box Number is Not Acceptable) 21 SE 5" STLEET # 100					
			City BOCA	MATON	Men in	FL Zip C3	42
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or registe	ered agent, or both, in	the State of Florida.	l am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and bite if apply dable. (NOTE: Registered Agent signature required when reinstating) DATE							
,	Filing Fee is \$61.25 Due by May 1, 2007	ign Financing ribution.	\$5.00 May Be Added to Fees	Florida D	check payable to repartment of St	ate	
10.	OFFICERS AND DIRI	——————————————————————————————————————	11.	ADDITIONS/CHANGE	ES TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	TORCH, REUBEN 7370 ORANGEWOOD LANE #208 BOCA RATON, FL 33433	[2] -Delete 8	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD STILLMAN, DAVID 7370 ORANGEWOOD LN #103 BOCA RATON, FL 33433	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLUMENTHAL, SHARON 7370 ORANGEWOOD LN #307 BOCA RATON, FL 33433	S Collete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO 10.		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Weisz, LOBERT 1230 OKANGEWOOD BOAK MOTON FI	□ Delete AN # 265 - 33 ¥33	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO TURNOT WILLIAM 9275 MANUSCHUSSE BUCA CATON TO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CFIY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with to this report or supplemental report is to reportation or the receiver or trustee empty or on an attachment with an address, we	true and accurate and that my si wered to execute this report as re	ionature shall have the	e same legal effect as it	f made under oath: th	hat I am an officer i	or director