2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08156

FILED Apr 09, 2009 Secretary of State

Entity Name: GARDENS IN THE GROVE-2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

21 SE 5TH STREET C/O CAMS

#100 314 N.E. 3RD STREET

BOCA RATON, FL 33432 BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

21 SE 5TH STREET C/O CAMS

#100 314 N.E. 3RD STREET

BOCA RATON, FL 33432 BOYNTON BEACH, FL 33435

FEI Number: 59-2502993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BISHOP, TERESA C
21 SE 5TH ST #100
BOCA RATON, FL 33432
US

MARSHALL, M. KEITH
2999 N.E. 191ST STREET
805
AVENTURA,, FL 33180 US

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: SHERI MCKENZIE BOOKKEEPER 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: VP (X) Change () Addition

 Name:
 WEISZ, ROBERT
 Name:
 WEISZ, ROBERT

 Address:
 7370 ORANGEWOOD LN #205
 Address:
 7370 ORANGEWOOD LN #205

Address: 7370 ORANGEWOOD IN #205 Address: 7370 ORANGEWOOD IN #205
City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

Title: PD () Delete Title: () Change () Addition

 Name:
 STILLMAN, DAVID
 Name:

 Address:
 7370 ORANGEWOOD LN #103
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:

Title: VD () Delete Title: D (X) Change () Addition

Name: TURNOE, WILLIAM Name: TORCH, REUBEN

 Address:
 7375 ORÂNGEWOOD LN #301
 Address:
 7370 ORÂNGEWOOD LANE # 208

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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: SHERI MCKENZIE BKPR 04/09/2009