

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 048 ****61.25

DOCUMENT # N25057

1. Entity Name
THE GARDEN HOMES AT GROVE ISLE ASSOCIATION, INC.



Principal Place of Business
**C/O VISTA PROPERTIES MGT.
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962**

Mailing Address
**C/O VISTA PROPERTIES MGT.
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962**

40123753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0099549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLEY, BARBARA C
230 N. GROVE ISLE CIR.
VERO BEACH, FL 32962**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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
**STD
WILLEY, BARBARA C
230 N GROVE ISLA CIRCLE
VERO BEACH, FL 32962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POFFENBERGER, WILLIAM
652 LAKE ORCHID CIRCLE
VERO BEACH, FL 32962** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALLACE, JIM
622 LAKE ORCHID CIR.
VERO BEACH, FL 32962** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JACQUES, RICHARD
300 N GROVE ISLE CIRCLE
VERO BEACH, FL 32962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HAGER, ALAN
250 N. GROVE ISLE CIRCLE
VERO BEACH, FL 32962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TSCHUPP, HARVEY
340 N GROVE ISLE CIRCLE
VERO BEACH FL 32962** ☐ Change ☒ 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:

Barbara C. Willey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-07 (172) 562-9031

Date

Daytime Phone #