


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 020 ****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
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0099549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WILLEY, BARBARA C 230 N. GROVE ISLE CIR. VERO BEACH, FL 32962	

7. Name and Address of New Registered Agent	
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	DATE

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE	STD <input type="checkbox"/> Delete
NAME	WILLEY, BARBARA C
STREET ADDRESS	230 N GROVE ISLA CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	VP <input type="checkbox"/> Delete
NAME	JACQUES, RICHARD
STREET ADDRESS	300 N GROVE ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HAGER, ALAN
STREET ADDRESS	250 N. GROVE ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TSCHUPP, HARVEY
STREET ADDRESS	340 N. GROVER ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	230 N GROVE ISLE CIRCLE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGYROPOULOS, MARGE
STREET ADDRESS	220 N GROVE ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH FL 32962
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKARLIS GUS
STREET ADDRESS	200 N GROVE ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH FL 32962
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETZER JAWET
STREET ADDRESS	644 LAKE ORCHID CIRCLE
CITY-ST-ZIP	VERO BEACH FL 32962
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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>Barbara C Willey (BARBARA C. WILLEY)</u> 4/04/08 772-567-6997
