

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25281** (9)

1. Corporation Name

**GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

RT. 2, BOX 1204 N  
CRESCENT CITY FL 32112-6655

RT. 2, BOX 1204 N  
CRESCENT CITY FL 32112-6655



3. Date Incorporated or Qualified

**03/08/1988**

4. FEI Number

**59-2887715**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**YETTEVICH, ROSE L**  
**RT 2 BOX 1223**  
**CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent

81 Name	<b>YETTEVICH, Rose L.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>RT 2 BOX 1223</b>
83 City	<b>CRESCENT CITY</b>
84 State	<b>FL</b>
85 Zip Code	<b>32112</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rose L. Yettevich*

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

(NOTE: Registered Agent signature required when reinstating)

**3-23-98**

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAULEY, MUN</b>	
STREET ADDRESS	<b>RT 2 BOX 1204-R</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, JOHN M</b>	
STREET ADDRESS	<b>R R 2 BOX 1204M</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, SONDRA</b>	
STREET ADDRESS	<b>RT 2 BOX 1205M</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>YETTEVICH, ROSE L</b>	
STREET ADDRESS	<b>RT 2 BOX 1223</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARNETT, JOHN M</b>	
1.3 STREET ADDRESS	<b>RR 2 BOX 1204M</b>	
1.4 CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DONALD JACKSON</b>	
2.3 STREET ADDRESS	<b>RT 2 BOX 1205M</b>	
2.4 CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JACKSON, SONDRA</b>	
3.3 STREET ADDRESS	<b>RT 2 BOX 1205M</b>	
3.4 CITY-ST-ZIP	<b>CRESCENT CITY FLA 32112</b>	
4.1 TITLE	<b>YETTEVICH, ROSE L</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>RT 2 BOX 1223</b>	
4.3 STREET ADDRESS	<b>CRESCENT CITY FL 32112</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose L. Yettevich*

*Rose L. Yettevich*

**3/23/98 904-698-2705**

CR2E037 (10/97)