FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25281

1. Corporation Name

GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

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

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

22

23

Mailing Address

RT. 2. BOX 1204 N

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

CRESCENT CITY FL 32112-6655

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90016 041 ****61.25

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/08/1988

59-2887715

4. FEI Number

Zip	Country	Zip 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
24	25		·	10. Name and Address of New Register		
9. Name and Address of Current Registered Agent YETTEVICH, ROSE L RT 2 BOX 1223				OSE L, VETTEVICH Address (P.O. Box Number is Not Acceptable)		
CRESCENT CITY FL 32112			83			
UNESCEN	TOTT PE SELIE		84 City	F	85 Zip C	ode
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	orized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its r pointment as reg	registered jistered
SIGNATURE		ALOTE PA	alatama Annat signatura	required when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		40	ADDITIONS/CHANGES TO DESICEDS	AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1,1 TITLE	PD	☐ Change	Addition
NAME	BARNETT, JOHN M	/~	1.2 NAME	PD JAMES STOTT RT2 BOX 1224 CRESCENT CITY, F VPD CHARLES ASHWELL 1948UNIVERSITY JACKSONVILLE, F		
STREET ADDRESS	DT 0 DOV 1001 M		1.3 STREET ADDRESS	RT2 BOX/224	_ ;	
CITY-ST-ZIP	CRESCENT CITY FL 32112	'	1.4 CITY-ST-ZIP	CRESCENTCITY,F	132112	2
TITLE	VPD	DELETE	2.1 TITLE	VPD	Change	☐ Addition
NAME	JADKSON, DONALD	/\	2.2 NAME	CHARLES ASHWELL		_
STREET ADDRESS	BT - BOY 4868 14		2.3 STREET ADDRESS	1948UNIVERSITY	34112, 3	50,
CITY-ST-ZIP	CRESCENT CITY FL 32111		2. 4 CITY-ST-ZIP	JACKSONVILLE F	LA,322	16
TITLE	SD	☐ OELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	JACKSON, SONDDRA		3.2 NAME	<u> </u>	ř	
STREET ADDRESS			3.3 STREET ADDRESS	1	:	
CITY-ST-ZIP	CRESCENT CITY FL 32111		3.4. CITY-ST-ZIP		<u>.</u>	
TITLE	T	☐ DELETE	4.1 TITLE		Change	Addition
NAME	YETTEVICH, ROSE L		4. 2 NAME		-	
STREET ADDRESS	RT 2 BOX 1223		4.3 STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL 32112		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	• .		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			50 A 4420
TITLE		☐ DELETE	6.1 TTTLE	·	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		- 415 - 41 - 1 - 1 - 1	
14. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	ntormation am an

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, with all other like empowered.

SIGNATURE:

GNATURE DEQUIRAGE L. VETTONSCH 3.8-99-904-698-376

CR2E037 (11/98)

Applied For

\$8:75 Additional

Fee Required

Not Applicable