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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-07-2002 90231 038 ****61.25

DOCUMENT # N25281

36737

1. Entity Name
Grove Lake Estates Property Owners' Association, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Grove Lake Estates	P. O. Box 884
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City, FL	City & State: Crescent City, FL
Zip: 32112 Country: USA	Zip: 32112 Country: USA

4. FEI Number — Applied For ☐ / Not Applicable ☑

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

7. Name and Address of Current Registered Agent

Name: Karleen Daniels - Treasurer

Street Address (P.O. Box Number is Not Acceptable): 167 Taffa Road

City: Crescent City FL Zip Code: 32112

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.

SIGNATURE: Karleen Daniels, Treasurer Karleen Daniels Trustee 04-26-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Vallen Pitts - Trustee
STREET ADDRESS	123 S. Arlington Avenue
CITY-ST-ZIP	Deland, FL 32724
TITLE	Vice President
NAME	Bill Stott - Trustee
STREET ADDRESS	758 Delta Circle
CITY-ST-ZIP	Marietta, GA 30062
TITLE	Secretary
NAME	Sondra Jackson-Trustee
STREET ADDRESS	104 Marsh Place
CITY-ST-ZIP	Crescent City, FL 32112
TITLE	Treasurer
NAME	Karleen Daniels-Trustee
STREET ADDRESS	167 Taffa Road
CITY-ST-ZIP	Crescent City, FL 32112
TITLE	
NAME	
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karleen Daniels Treasurer Karleen Daniels Trustee 04-26-2002 386-698-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 36737

State of Florida

Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC., a corporation organized under the Laws of the State of Florida, filed on March 8, 1988, as shown by the records of this office.

The document number of this corporation is N25281.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 9th day of March, 1988.

Jim Smith
Secretary of State

CR2E022 (8-87)