

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90030 009 \*\*\*\*61.25


<b>DOCUMENT # N25281</b>	
1. Entity Name <b>GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>GROVE LAKE ESTATES PO BOX 884 CRESCENT CITY FL 32112</b>	Mailing Address <b>GROVE LAKE ESTATES PO BOX 884 CRESCENT CITY FL 32112</b>
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2. Principal Place of Business <b>GROVE LAKE ESTATES</b>	3. Mailing Address <b>P.O. Box 884</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CRESCENT CITY, FL</b>	City & State <b>CRESCENT CITY FL</b>
Zip <b>32112</b>	Country <b>PUTNAM</b>

6. Name and Address of Current Registered Agent <b>STOTT, JIM F 104 TAHITI PL CRESCENT CITY FL 32112</b>	
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MOORE CR2E037 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

7. Name and Address of New Registered Agent	
Name <b>SONDRA A. JACKSON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>104 MARSH PLACE</b>	
City <b>CRESCENT CITY</b>	Zip Code <b>FL 32112</b>

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 *Sondra A. Jackson* (**SONDRA A. JACKSON**) **TREASURER** **2-23-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PT</b>	<input type="checkbox"/> Delete	TITLE <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NAHIRNY, MICHAEL</b>		NAME <b>SAME</b>	
STREET ADDRESS <b>7835 SW 133 ST</b>		STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>		CITY-ST-ZIP <b>SAME</b>	
TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOMINGUES, HORACIO</b>		NAME <b>DAN MEGIVERN</b>	
STREET ADDRESS <b>108 MICHAEL DR</b>		STREET ADDRESS <b>1311 GREENWOOD</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>		CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, SANDRA</b>		NAME <b>JOANNE NAHIRNY</b>	
STREET ADDRESS <b>104 MARSH PL.</b>		STREET ADDRESS <b>7835 SW 133 ST</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>		CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>TT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STOTT, JIM F</b>		NAME <b>SONDRA A. JACKSON</b>	
STREET ADDRESS <b>104 TAHITI PL</b>		STREET ADDRESS <b>104 MARSH PLACE</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>		CITY-ST-ZIP <b>CRESCENT CITY, FL 32112</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sondra A. Jackson* (**SONDRA A. JACKSON**) **2-23-04** **698-4158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #