## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N25281 03-28-2006 90127 006 \*\*\*\*61.25 1. Entity Name **GROVE LAKE ESTATES PROPERTY OWNERS'** ASSOCIATION, INC. Principal Place of Business Mailing Address **GROVE LAKE ESTATES GROVE LAKE ESTATES** PO BOX 884 CRESCENT CITY FL 32112 PO BOX 884 CRESCENT CITY FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, SONDRA A Street Address (P.O. Box Number is Not Acceptable) 104 MARSH PLACE CRESCENT CITY FL 32112 City 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 SIGNATURE TACKSON, andra a. Jackson , SONDRA A. Signature, typed or printed name objegistered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ☐ Delete TITLE NAH IRNOY, MICHAEL 102 MARSH PLACE OF ADDRESS NAHIRNY, MICHAEL NAME 7835 SW 133 ST STREET ADDRESS STREET ADDRESS CRESCENT CITY, FL 32112 MIAMI FL 33156 CITY-ST-7/P CITY-ST-ZIP VPT TITLE Delete TITLE ☐ Change Addition MEGIVERN, DAN NAME NAME 1311 GREENWOOD STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE NAHIRNY, JOANNE NAHIRNEY, JOANNE NAME NAME STREET ADDRESS 7835 SW 133 ST STREET ADDRESS CRESCENT CITY, FL 32112 CITY-ST-78P MIAMI FL 33156 CITY-ST-Z(P TITLE ☐ Delete TITLE ☐ Addition JACKSON, SONDRA A NAME STREET ADDRESS 104 MARSH PLACE STREET ADDRESS CITY-ST-ZIP CRESCENT CITY FL 32112 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Mar 28, 2006 8:00 am

SIGNATURE: Vandra G. Fackson GONDRA A, JACKSON)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CITY-ST-7IP

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