


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90169 049 \*\*\*\*61.25

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| <b>DOCUMENT # N25281</b><br>1. Entity Name<br><b>GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>   |   |  |  |   |   |
| Principal Place of Business<br><b>GROVE LAKE ESTATES<br/>PO BOX 884<br/>CRESCENT CITY FL 32112</b>   |   |  |  | Mailing Address<br><b>GROVE LAKE ESTATES<br/>PO BOX 884<br/>CRESCENT CITY FL 32112</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>155 JAFFA RD</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |   |
| City & State<br><b>CRESCENT CITY, FL</b>   |   | City & State   |  |  |   |
| Zip<br><b>32112-5422</b>   |   | Country<br><b>PUTNAM</b>   |  | Zip  |   |
| Country  |   | 4. FEI Number<br><b>NO-T APPLICABLE</b>  |  |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><b>JACKSON, SONDR A<br/>104 MARSH PLACE<br/>CRESCENT CITY FL 32112</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 the obligations of registered agent.  |   |  |  |  |   |
| SIGNATURE <u><i>Sondra A. Jackson - Treasurer</i></u> <b>4-10-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>NAHIRNY, MICHAEL<br>102 MARSH PLACE<br>CRESCENT CITY FL 32112 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | PT<br>MEGIVERN, DAN<br>1311 GREENWOOD<br>TITUSVILLE, FL 32780  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPT<br>MEGIVERN, DAN<br>1311 GREENWOOD<br>TITUSVILLE FL 32780       | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | VPT<br>JACKSON, DONALD<br>104 MARSH PLACE<br>CRESCENT CITY, FL 32112-5422  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>NAHIRNEY, JOANNE<br>102 MARSH PLACE<br>CRESCENT CITY FL 32112 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | MEGIVERN, ANDI<br>ST<br>1311 GREENWOOD<br>TITUSVILLE, FL-32780   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TT<br>JACKSON, SONDR A<br>104 MARSH PLACE<br>CRESCENT CITY FL 32112 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| 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 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |  |   |
| SIGNATURE: <u><i>Sondra A. Jackson - Treasurer</i></u> <b>4-10-07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |  |   |