


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90006 018 ****61.25

DOCUMENT # N25818					
1. Entity Name GARDEN GROVE CLUB, INC.					
Principal Place of Business 1900 GARDEN GROVE PKWY VERO BEACH, FL 32962 US			Mailing Address 1900 GARDEN GROVE PKWY VERO BEACH, FL 32962 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2900321	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINE, JAY S ESQ 2500 NORTH MILITARY TRL #490 BOCA RATON, FL 33434			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWOOD, JUDY		NAME	Atwood, Judy	
STREET ADDRESS	1925 S GARDEN GROVE CIR		STREET ADDRESS	1925 S. Garden Grove Circle	
CITY-ST-ZIP	VERO BCH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLANCY, TERRY		NAME	Silvestri, Jim	
STREET ADDRESS	1825 GARDEN GROVE PKWY		STREET ADDRESS	351 Garden Grove Parkway	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUGRUE, JIM		NAME	Mills, Anita	
STREET ADDRESS	1784 TAMARIND PLACE		STREET ADDRESS	1830 Hawthorne Dr.	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD/TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHALOIS, MEL		NAME	Nelson, Odd	
STREET ADDRESS	1900 HAWTHORNE DRIVE		STREET ADDRESS	234 Garden Grove Parkway	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ODD		NAME		
STREET ADDRESS	234 GARDEN GROVE PKWY.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		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 exemptions contained in Chapter 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 I am empowered.					
SIGNATURE: <i>Jan C. Schalois, Pres.</i>			Date: 2-14-2007		Daytime Phone #: (772) 569-8101
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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