

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 049 ****61.25

DOCUMENT # N28954					
1. Entity Name THE GROVES COMMUNITY ASSOCIATION OF ESTERO, FLORIDA, INC.					
Principal Place of Business THE GROVES HOMEOWNERS ASSOC. P.O BOX 1285 ESTERO, FL 33928-1285 US			Mailing Address THE GROVES P.O. BOX 1285 ESTERO, FL 33928-1285 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0110835	
Zip		Country		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	
FOLEY, NANCY 20581 GROVELINE CT ESTERO, FL 33928				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:		<i>Treasurer</i>		1-17-06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY ST ZIP	PD STORY, DON 2059 GROVELINE COURT ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY ST ZIP	P. David Gonzales 20670 Groveline Ct Estero, FL 33928
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD WOHLPART, SUSANNA 20741 GROVE LINE CT ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD GONZALES, P. DAVID 20670 GROVELINE COURT ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS CITY ST ZIP	Audrey Anderson 20531 Groveline Ct. Estero, FL 33928
TITLE NAME STREET ADDRESS CITY ST ZIP	TD FOLEY, NANCY 20581 GROVELINE COURT ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	BM BURNETT, DONALD 20800 GROVELINE CT. ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 like empowered.					
SIGNATURE:		1-17-06		<i>Treasurer</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		OFFICIAL TITLE	