

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90041 025 ****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**

60006202



01042007 Chg-NP CR2E037 (12/06)

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
65-0110835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 **PAMELA J. METTLEY**
Street Address (P.O. Box Number is Not Acceptable)
20551 Groveline Ct
City **Estero**, FL Zip Code **33928**

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 **Pamela J. Mettley TD**

Signature, typed or printed name of registered agent and title if applicable.

Pamela J. Mettley, D.V.M.

(NOTE: Registered Agent signature required when reinstating)

2-28-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **GONZALES, P. DAVID**
STREET ADDRESS **20670 GROVELINE CT**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **WOHLPART, SUSANNA**
STREET ADDRESS **20741 GROVE LINE CT**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ANDERSON, AUDREY**
STREET ADDRESS **20531 GROVELINE CT**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☒ Change ☐ Addition
NAME **Gilliland, Lee Ann**
STREET ADDRESS **20541 Groveline Ct.**
CITY-ST-ZIP **Estero, FL 33928**

TITLE **TD** ☒ Delete
NAME **FOLEY, NANCY**
STREET ADDRESS **20581 GROVELINE COURT**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☒ Change ☐ Addition
NAME **TD Mettley, Ann**
STREET ADDRESS **20551 Groveline Ct**
CITY-ST-ZIP **Estero, FL 33928**

TITLE **BM** ☐ Delete
NAME **BURNETT, DONALD**
STREET ADDRESS **20800 GROVELINE CT.**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: **Pamela J. Mettley, D.V.M.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

239-495-9676

Daytime Phone #