

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90039 047 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

METTLEY, PAMELA J
70651 GROVELINE CT
ESTERO FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

20551 GROVELINE CT

ESTERO

City

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, D.V.M.*

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

(NOTE: Registered Agent signature required when reinstating)

1-29-2008

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 GILLILAND, LEE ANN
STREET ADDRESS 20541 GROVELINE CT
CITY-ST-ZIP ESTERO FL 33928

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

TITLE TD ☐ Delete
NAME METTLEY, PAM
STREET ADDRESS 20551 GROVELINE CT
CITY-ST-ZIP ESTERO FL 33928

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

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

TITLE ☐ Change ☒ Addition
NAME *BM*
STREET ADDRESS *ROBERT LEVERENZ*
CITY-ST-ZIP *20950 GROVELINE CT*
ESTERO, FL 33928

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2008

239-495-9676