


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33132 (4)
1. Corporation Name
GROVE PARK, SECTION FOUR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1024 GARDEN STREET P.O. BOX 849 TITUSVILLE FL 32781-7849	Mailing Address 1024 GARDEN STREET P.O. BOX 849 TITUSVILLE FL 32781-7849
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 53 MARINE ST Suite, Apt. #, etc.	2a. Mailing Address 26 53 MARINE ST Suite, Apt. #, etc.
22 City & State 23 ST. AUGUSTINE 71	27 City & State 28 ST. AUGUSTINE 71
24 Zip 32084	25 Country ST. JOHNS
29 Zip 32084	30 Country ST. JOHNS

4. FEI Number 59-3021031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MALOTT, JUANITA J
1024 GARDEN ST
TITUSVILLE FL 32786**

10. Name and Address of New Registered Agent

81 Name J. W. CHILDRE
82 Street Address (P.O. Box Number is Not Acceptable) 53 MARINE ST.
83
84 City ST. AUGUSTINE
85 State FL
86 Zip Code 32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **J. W. CHILDRE** *[Signature]* **8/11/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CHILDRE, J. W.	
STREET ADDRESS	1024 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE <i>EMOW</i>
NAME	CHILDRE, I. R.	
STREET ADDRESS	1024 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE <i>EMOW</i>
NAME	MALOTT, JUANITA J	
STREET ADDRESS	1024 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	53 MARINE ST.
1.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	53 MARINE ST
2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	53 MARINE ST
3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of its assets and am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **7/31/97 904 825 4581**

CR2E037 (4/97)