## FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE May 11 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N40833 (8)THE GROVE HOMEOWNER'S ASSOCIATION OF COLLIER COU Principal Place of Business Mailing Address 1121 SHADY REST LANE 1121 SHADY REST LANE 3. Date Incorporated or Qualified NAPLES FL 33940 NAPLES FL 33940 11/02/1990 4. FEI Number Applied For 65-0246388 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Country Zio Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 20 24 25 10. Name and Address of New Registered Agent p. Name and Address of Current Registered Agent 81 Name DAVID 40005 WOODS, SHERRILL E. JR 82 Street Add **680 5TH AVE S** 83 NAPLES FL 33940 84 submits this statement for the purpose of changing its registered part of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporate or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. WOODS
pointered agent and little if applicable DAVID ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE Change 1.1 TITLE TITLE 1.2 NAMF WOODS, DAVID T. NAME 1117 SHADY REST LANC 4121 SHADY REST LN 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 City-St-ZiP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE obbs, Mike 25 Shady Rest Lane NAME WOODS, SHERRILL E. JR 22 NAME 1129 SHADY REST LANE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE WOODS, NORMA P. 3.2 NAME NAME 1129 SHADY REST LANE 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS **4.3 STREET ADDRESS** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 or trustee empowered 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.

(941) 262-5039