

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40833

1. Entity Name

THE GROVE HOMEOWNER'S ASSOCIATION OF COLLIER COU

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90005 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1121 SHADY REST LANE  
NAPLES FL 33940  
US

1121 SHADY REST LANE  
NAPLES FL 34103-3335  
US

2. Principal Place of Business

3. Mailing Address

1125 SHADY REST LANE  
Suite, Apt. #, etc.

1125 SHADY REST LANE  
Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

34103

COLLIER

Zip

Country

34103

COLLIER

4. FEI Number

65-0246388

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

WOODS, DAVID T  
1117 SHADY REST LANE  
NAPLES FL 34103

Name

MIKE HOBBS

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

1125 SHADY REST LANE

City

NAPLES

FL

Zip Code

34103

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.

SIGNATURE

*Mike Hobbs*

4-17-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME HOBBS, MIKE & DEE  
STREET ADDRESS 1125 SHADY REST LANE  
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete  
NAME PIERCE, LYNN L  
STREET ADDRESS 1129 SHADY REST LANE  
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete  
NAME LOVETT, BILL  
STREET ADDRESS 1121 SHADY REST LANE  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete  
NAME ROGERS, RALPH & NINA  
STREET ADDRESS 1117 SHADY REST LANE  
CITY-ST-ZIP NAPLES, FL 34103

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

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 exemption stated in Section 119.07(3)(i), 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:

*Mike Hobbs* (MIKE HOBBS)

4/17/00

(941)263-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #