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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45570 (1)
1. Corporation Name
GROVE HOUSE OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
% SHARI WEITZNER/GROVE HOUSE
1054 KINGS AVE.
JACKSONVILLE FL 32207
US

1054 KINGS AVE.
3601 CARDINAL POINT DRIVE
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
10/09/1991

4. FEI Number
59-3087085

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
10151 DEERWOOD PARK BLVD
BLDG 100 SUITE 200
JAX FL 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIES, RENA	
STREET ADDRESS	8219 WOODGROVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, ROSE	
STREET ADDRESS	2626 SPREADING OAKS DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAINIE, WARD W.	
STREET ADDRESS	4190 BELFORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TRU	<input type="checkbox"/> DELETE
NAME	CARLUCCI, MATT	
STREET ADDRESS	4251 GREAT OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TRU	<input type="checkbox"/> DELETE
NAME	KATZ, CAROLE	
STREET ADDRESS	2243 SARAGOSSA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	76 S. Laura St Suite 500
3.4 CITY-ST-ZIP	Jacksonville, FL 32202
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6711 Linford Ln
5.4 CITY-ST-ZIP	Jacksonville, FL 32217
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 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.

SIGNATURE: *Shari Weitzner* 2/23/98 904-346-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/97)