

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46170

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE GROVES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

1870 N CORP LAKES DR
266343
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 266343
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0319815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSANO, ISABEL
471 BARBRI LANE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PONTENZA, PATRICIA
Address: 492 BARBRI LANE
City-St-Zip: WESTON, FL 33325

Title: TR () Delete
Name: CUSANO, ISABEL
Address: 471 BARBRI LANE
City-St-Zip: DAVIE, FL 33325

Title: VS () Delete
Name: PERGMALIS, NICK
Address: 452 BARBRI LANE
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: MAITLAND, TONYA A
Address: 521 BARBRI LN
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL CUSANO

MS

01/15/2009

Electronic Signature of Signing Officer or Director

Date