

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46170

**FILED**  
**Apr 30, 2010**  
**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  
Name: PONTENZA, PATRICIA  
Address: 492 BARBRI LANE  
City-St-Zip: WESTON, FL 33325

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

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

I hereby 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 all other like empowered.

SIGNATURE: ISABEL CUSANO

TR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date