


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N46538

1. Entity Name
 GROVE PARK UNIT 4-A HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

6933 TONGA DRIVE 6933 TONGA DRIVE
 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3110543 Not Applicable

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

6. Name and Address of Current Registered Agent

KINARD, A. J
 7085 TONGA DRIVE
 JACKSONVILLE, FL 32218

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BATTEH, RICHARD
STREET ADDRESS	1012 TONGA PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	S
NAME	PETTERSON, CHERYL
STREET ADDRESS	1088 BALI PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	T
NAME	BROMFIELD, GARY
STREET ADDRESS	6933 TONGA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	KINARD, A.J.
STREET ADDRESS	7085 TONGA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HEINDEL, RIC
STREET ADDRESS	1005 BALI PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000183963
 01/20/05-80010-022 61.25

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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: *Gary Bromfield* *Gary Bromfield* 1-15-05 904-721-2785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #