

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N46538

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



Principal Place of Business
**6933 TONGA DRIVE
JACKSONVILLE, FL 32216 US**

Mailing Address
**6933 TONGA DRIVE
JACKSONVILLE, FL 32216 US**



02242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3110543 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

**KINARD, A. J
7085 TONGA DRIVE
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000447812
03/08/06 80072-019 61.25

10. OFFICERS AND DIRECTORS

**P
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BATTEH, RICHARD
1012 TONGA PLACE
JACKSONVILLE, FL 32216**

**S
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PETTERSON, CHERYL
1088 BALI PLACE
JACKSONVILLE, FL 32216**

**T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BROMFIELD, GARY
6933 TONGA DR
JACKSONVILLE, FL 32216**

**D
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KINARD, A.J.
7085 TONGA DRIVE
JACKSONVILLE, FL**

**D
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HEINDEL, RIC
1005 BALI PLACE
JACKSONVILLE, FL 32216**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signatures]
Gary Bromfield (Treasurer) **2-24-06** **904-721-2785**