


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90062 041 ****61.25

DOCUMENT # N47215 1. Entity Name THE GROVE OF VERO HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business JACQUELINE STEFANACCI 4465 12TH SW. VERO BEACH, FL 32968 US		Mailing Address PO BOX 650644 VERO BEACH, FL 32965-0644 US	
2. Principal Place of Business - No P.O. Box # 1200 43RD COURT SW Suite, Apt. #, etc.		3. Mailing Address 1200 43RD COURT SW Suite, Apt. #, etc.	
City & State VERO BEACH, FL Zip 32968		City & State VERO BEACH, FL Zip 32968	
Country USA		Country USA	
4. FEI Number 65-0315726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFANACCI, JACQUELINE 4465 12TH ST. SW VERO BEACH, FL 32968		7. Name and Address of New Registered Agent Name ROBERT E McNARY Street Address (P.O. Box Number is Not Acceptable) 1265 45TH COURT SW City VERO BEACH FL Zip Code 32968	
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 <u>R.E. McNARY, TREASURER</u> <u>03-29-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BANFIELD, ROBERT 1210 43RD CT SW. VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Delete	TITLE	PD ROODE LYNDIA 4465 11TH PLACE SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP NEUMAN, PATRICIA 4365 12TH ST SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Delete	TITLE	VPD DEBRA THERIAULT 4360 11TH PLACE SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD JOYCE, MARYANN 4545 12TH ST SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Delete	TITLE	SD MIKE HILLEY 1120 43RD COURT SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD STEFANACCI, JACQUELINE 4465 12TH ST SW. VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Delete	TITLE	TD ROBERT E. McNARY 1265 45TH COURT SW VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D CHARLES SIMMONS 1295 45TH COURT SW VERO BEACH, FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>R.E. McNARY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03-29-2007 (772) 778-1881</u> <small>Date Daytime Phone #</small>	