

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000197 (5)**

1. Corporation Name

**THE GROVES RESIDENT'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**7900 AIRPORT ROAD NORTH  
NAPLES FL 33942**

**2480 OLD GROVES RD  
#1  
NAPLES FL 33942  
US**

3. Date Incorporated or Qualified  
**11/09/1992**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0406478</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29					
		30					

**9. Name and Address of Current Registered Agent**

**PASSIDOMO, KATHLEEN C  
800 LAUREL OAK DRIVE  
SUITE 400  
NAPLES FL 33963**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALLACE, JAMES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7900 AIRPORT ROAD NORTH	1.2 NAME	LOUIS JAMES
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	2480 Old Groves Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D SILVERSTEIN, WILLIAM <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7900 AIRPORT ROAD NORTH	2.2 NAME	RAY PERRY
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	2480 Old Groves Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	VD SVOBODA, JOHN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7900 AIRPORT ROAD NORTH	3.2 NAME	GINO GIANNETTI
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	2480 Old Groves Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GERVASE AUDETTE
STREET ADDRESS		4.3 STREET ADDRESS	2480 Old Groves Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEORGE EVANGELISTA
STREET ADDRESS		5.3 STREET ADDRESS	2480 Old Groves Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Raymond V. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 16, 1996*  
Date

Day/Time Phone #

CR2E037 (12/95)