

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT * 1997



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

DOCUMENT # N92000000197 (5)
1. Corporation Name
THE GROVES RESIDENT'S ASSOCIATION, INC.



Principal Place of Business: 7800 AIRPORT ROAD NORTH, NAPLES FL 33942
Mailing Address: 2480 OLD GROVES RD #1, NAPLES FL 34109-7669 US

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 65-0406478
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: Robert Samouce
82 Street Address (P.O. Box Number is Not Acceptable): 2375 TAMiami TR N #306
83
84 City: NAPLES FL 85 Zip Code: 34109

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: _____ DATE: 4/18/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOUIS JAMES	
STREET ADDRESS	2450 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RAY PERRY	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GINO GOANNETTI	
STREET ADDRESS	2480 OLD GROVES RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GEORGE EVANGELISTA	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERVASE ARDETTE	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY Seifert	
1.3 STREET ADDRESS	2480 Old Groves Rd	
1.4 CITY-ST-ZIP	NAPLES	
2.1 TITLE	TR(D) PAUL RAGONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2480 Old Groves Rd	
2.4 CITY-ST-ZIP	NAPLES	
3.1 TITLE	Sec(D) Shirley HANNOLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2480 Old Groves Rd	
3.4 CITY-ST-ZIP	NAPLES	
4.1 TITLE	8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V P(D) Gervase Audette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2480 Old Groves Rd	
5.4 CITY-ST-ZIP	NAPLES FL 34109	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: _____ DATE: 3/11/97

CR2E037 (9/96)