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FILED

**May 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 7800 AIRPORT ROAD NORTH, NAPLES FL 33942

Mailing Address: 2480 OLD GROVES RD #1, NAPLES FL 33942, US

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

4. FEI Number: 65-0406478

Applied For: Not Applicable

2. Principal Place of Business (21-24): 7800 AIRPORT ROAD NORTH, NAPLES FL 33942

2a. Mailing Address (25-29): 2480 OLD GROVES RD #1, NAPLES FL 33942, US

26. Suite, Apt. #, etc.: 90 SUNRISE PROPERTIES #MGMT. CO.

27. City & State: 9955 TAMiami TRAIL N. #2, Naples, Florida

28. Zip: 34108

30. Country: USA

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SAMOVCE, ROBERT, 2375 TAMiami TR, #308, NAPLES FL 34109

10. Name and Address of New Registered Agent: Donald Anderson, 9955 TAMiami TR. N. #2, Naples, FL 34108

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] DAN ANDERSON DATE: 4/2/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEIFORT, MARY	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	RAGONE, PAUL	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANNOLD, SHIRLEY	
STREET ADDRESS	2480 OLD GROVES RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE EVANGELISTA	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GERVASE, AUDETTE	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ED KLIMM	
1.3 STREET ADDRESS	2565 Old Groves Drive #103	
1.4 CITY-ST-ZIP	NAPLES, FL. 34109	
2.1 TITLE	TR - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEN COYD	
2.3 STREET ADDRESS	2025 Magnolia Park Lane #101	
2.4 CITY-ST-ZIP	NAPLES, FL. 34109	
3.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gino Giannette	
4.3 STREET ADDRESS	2476 Old Groves Drive - #204	
4.4 CITY-ST-ZIP	NAPLES, FL. 34109	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: [Signature] ED KLIMM DATE: 4/1/98 DAYTIME PHONE: 941-594-5005

CR2E037 (10/97)