

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 25 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000197

1. Corporation Name

THE GROVES RESIDENT'S ASSOCIATION, INC.

Principal Place of Business

7800 AIRPORT ROAD NORTH
NAPLES FL 33942

Mailing Address

8955 TAMiami TRAIL N 2
#1
NAPLES FL 34108
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *AKD*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Organized To Do Business in Florida 11/08/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0406478

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 A fee of \$8.75 is paid for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KLIMM, ED	2565 OLD GROVES DR 103	NAPLES FL 34109
FD VPD	KENNAM CAIN, KENNETH	2825 MAGNOLIA PARK LN 101	NAPLES FL 34109
FD D	HANNOLD, SHIRLEY	2480 OLD GROVES RD.	NAPLES FL 34109
VPD TD	SEANNETT, GINO KITZ, MARY	2478 ORCHID BAY DRIVE 804 2480 OLD GROVES RD	NAPLES FL 34109
D	BLAKELY, LYNN	2480 OLD GROVES RD	NAPLES, FL 34109

8. Name and Address of Current Registered Agent

~~ANDERSON, DONALD~~
~~8955 TAMiami TRAIL N 2~~
~~NAPLES FL 34108~~

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-11/03/99--01075--002
****236.25 ****236.25

9. Name and Address of New Registered Agent

Name Robert C. Samouce
Street Address (P.O. Box Number is Not Acceptable) 2375 Tamiami Trail N., Suite 308
Suite, Apt. #, Etc. 308
City Naples State FL Zip Code 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/22/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Kenneth Cain
H. KENNETH CAIN

V.P.

10/22/99

Date

6513-1672
Daytime Phone #

CR2040 (08/98)