

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90002 035 ****61.25

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DOCUMENT # N9200000197
1. Entity Name
 THE GROVES RESIDENTS' ASSOCIATION, INC

Principal Place of Business Mailing Address **SAME**
 2480 OLD GROVES ROAD
 NAPLES, FL 34109

2. Principal Place of Business **3. Mailing Address:**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0406478 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ROBERT C. SAMOUE
 800 LAUREL OAK DRIVE, STE 300
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	EDWARD KLUMM	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KENNETH CAIN	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LYNN BLAKELY	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHARLIE BAKER	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARY KITZ	
STREET ADDRESS	2480 OLD GROVES RD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: E. P. Klumm EDWARD P. KLUMM (941) 4-7-00 594-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)