

**2004 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 22, 2004 8:00 am  
Secretary of State**

03-22-2004 90063 035 \*\*\*\*61.25

DOCUMENT # N92000000197  
1. Entity Name  
**GROVES RESIDENTS' ASSOCIATION, INC**

**DO NOT WRITE IN THIS SPACE**

**24026061**

2. Principal Place of Business <b>2480 OLD GROVES ROAD</b> Suite, Apt #, etc		3. Mailing Address <b>2480 OLD GROVES ROAD</b> Suite, Apt. #, etc,	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34109-7669</b>	Country <b>UNITED STATES</b>	Zip <b>34109-7669</b>	Country <b>UNITED STATES</b>

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4. FEI Number <b>65-0406478</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent			
				Name <b>SAMOUCÉ, ROBERT C.</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>800 LAUREL OAK DRIVE SUITE 300</b>			
				City <b>NAPLES</b>		FL Zip Code <b>34108</b>	

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAKER, CHARLES 2480 OLD GROVES ROAD NAPLES FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD KITZ, MARY 2480 OLD GROVES ROAD NAPLES FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEBEL, MARY REBECCA 7475 JACARANDA PARK ROAD #104 NAPLES FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MATHENY, LARRY 2470 OLD GROVES ROAD #104 NAPLES FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KLIMM, ED 2565 OLD GROVES ROAD #103 NAPLES FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert C. Samoucé*  
Date **3/15/04**

Daytime Phone #