

**2005 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90215 025 ****61.25

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

14006376

2. Principal Place of Business
 2480 OLD GROVES ROAD
 Suite, Apt #, etc

3. Mailing Address
 2480 OLD GROVES ROAD
 Suite, Apt. #, etc,

DO NOT WRITE IN THIS SPACE

City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 65-0406478	Applied For Not Applicable
Zip 34109-7669	Country	Zip 34109-7669	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
SAMOUCE ROBERT C

Street Address (P.O. Box Number is Not Acceptable)
800 LAUREL OAK DRIVE SUITE 300

City NAPLES **FL** **Zip Code** 34108

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** _____

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

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BAKER, CHARLES
STREET ADDRESS	2470 OLD GROVES ROAD J101
CITY-ST-ZIP	NAPLES FL 34109
TITLE VPD	NAME KITZ, MARY
STREET ADDRESS	2565 OLD GROVES ROAD N101
CITY-ST-ZIP	NAPLES FL 34109
TITLE SD	NAME MATHENY, LARRY
STREET ADDRESS	2470 OLD GROVES ROAD J103
CITY-ST-ZIP	NAPLES FL 34109
TITLE TD	NAME DAVENPORT, HADDON
STREET ADDRESS	2585 OLD GROVES ROAD L102
CITY-ST-ZIP	NAPLES FL 34109
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)(l), 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: _____ **(239) 594-5005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**