

**2006 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90015 025 ****61.25

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

60009452

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

Zip
34109-7669

Country

Zip
34109-7669

Country

4. FEI Number
65-0406478

Applied For
Not Applicable

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

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.

7. Name and Address of Current Registered Agent

Name
BECKER & POLIAKOFF PA

Street Address (P.O. Box Number is Not Acceptable)
4501 TAMIAMI TRAIL NORTH #214

City
NAPLES

FL

Zip Code
34103

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHENY, LARRY 2470 OLD GROVES ROAD J103 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KITZ, MARY 2565 OLD GROVES ROAD N101 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELENE SAVELL 2506 ORCHID BAY DRIVE #101 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVENPORT, HADDON 2585 OLD GROVES ROAD L102 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUSSIO, BASIL 2456 ORCHID BAY DRIVE #203 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. _____

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: Larry L. Matheny 1/23/06 (239) 594-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #