

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90167 031 \*\*\*\*61.25

**66010057**

**2007 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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

**DO NOT WRITE IN THIS SPACE**

**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**

**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**

**7. Name and Address of Current Registered Agent**

**Name**  
 BECKER & POLIAKOFF PA

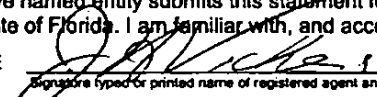
**Street Address (P.O. Box Number is Not Acceptable)**  
 4501 TAMIAMI TRAIL NORTH #214

**City**  
 NAPLES

**FL**

**Zip Code**  
 34103

**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** 

Provide 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** \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>MARY SEIFERT</b>
<b>STREET ADDRESS</b>	<b>2426 ORCHID BAY DRIVE #203</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34109</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>JOHN P ANDERSON</b>
<b>STREET ADDRESS</b>	<b>7528 OLEANDER GATE DR #101</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34109</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>FREDERICK P KELLY</b>
<b>STREET ADDRESS</b>	<b>2470 OLD GROVES RD # 102</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34109</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>JAMES A VICKERS</b>
<b>STREET ADDRESS</b>	<b>7505 SILVER TRUMPET LANE #202</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34109</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>BARBARA FORTIN-SILVIA</b>
<b>STREET ADDRESS</b>	<b>2369 RIVER REACH DR</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34109</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
 IN THIS SPACE**

**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:**  **DATE** \_\_\_\_\_ **(239) 594-5005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #