
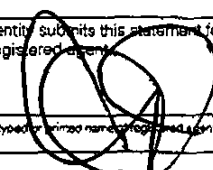


**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

04-14-2008 90035 005 ****61.25

DOCUMENT # N92000000197			
1. Entity Name THE GROVES RESIDENT'S ASSOCIATION, INC.			
Principal Place of Business 2480 OLD GROVES RD NAPLES, FL 34109		Mailing Address 2480 OLD GROVES RD NAPLES, FL 34109 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03052008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-0406478	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, PA 4501 TAMIAMI TRAIL NORTH #214 NAPLES, FL 34103		Name: <u>JOHN GOEDE, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1915 TAMIAMI TRAIL N.</u> <u>SUITE 1</u> City: <u>NAPLES</u> FL Zip Code: <u>34108</u>	
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: 		JOHN GOEDE, ATTORNEY 3-5-08 DATE	
Filing Fee is \$61.28 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MATHENY, LARRY STREET ADDRESS: 2470 OLD GROVES RD J103 CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: MARY SEIFERT STREET ADDRESS: 2426 ORCHID BAY DR. #202 CITY-ST-ZIP: NAPLES FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KITZ, MARY STREET ADDRESS: 2565 OLD GROVES RD N101 CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: VPD VPD NAME: JOHN ANDERSON STREET ADDRESS: 7528 OLEANDER GATE #101 CITY-ST-ZIP: NAPLES FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SAVELL, HELENE STREET ADDRESS: 2506 ORCHID BAY DRIVE 101 CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: TESSIE SKANDALIARIS STREET ADDRESS: 7553 SILVER TRUMPET #103 CITY-ST-ZIP: NAPLES FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: DAVENPORT, HADDON STREET ADDRESS: 2585 OLD GROVES RD L102 CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: FRED KELLY STREET ADDRESS: 2470 OLD GROVES RD #102 CITY-ST-ZIP: NAPLES FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MUSSIO, BASIL STREET ADDRESS: 2456 ORCHID BAY DR 203 CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: BARBARA FORTIN-SILVIA STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mary E. J. Seifert</u>		3/5/08 239-594-5005 DATE DAYTIME PHONE #	

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