


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90064 018 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0406478**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SAMOUCÉ, ROBERT C
800 LAUREL OAK DR.
STE 300
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	KLIMM, ED	
STREET ADDRESS	2565 OLD GROVES DR 103	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAIN, KENNETH	
STREET ADDRESS	2625 MAGNOLIA PARK LN 101	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KITZ, MARY	
STREET ADDRESS	2480 OLD GROVES RD.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HORVATH, STEVE	
STREET ADDRESS	7428 PLUM BRIDGE RD., #104	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, CHARLES	
STREET ADDRESS	2480 OLD GROVES ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, LARRY	
STREET ADDRESS	2480 OLD GROVES RD, #104	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Baker* **CHARLES A BAKER** 04/18/03 239-574-5005

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E037 (10/02)