FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

appears in Block 12 or Block 13

SIGNATURE AND TYPED O

SIGNATURE:

DOCUMENT # N9300004042 (8)

GREATER GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address C/O POST OFFICE BOX 3873 C/O POST OFFICE BOX 3873 LONGWOOD FL 32791 LONGWOOD FL 32791 3a. Date of Last Report 3. Date Incorporated or Qualified 09/01/1993 03/15/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3199776 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BECKETT, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 82 215 NORTH EOLA DRIVE **B3** ORLANDO FL 32801 Zip Code **B4** City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title I applicable (NOTE: Registered Agent signature required when reinstating) (12/95)OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change Addition 1 1 TITLE TITLE MANDELL, ROBERT A CR2E037 NAME 1.2 NAME 1105 KENSINGTON PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 14 CITY - ST - ZiP CITY-ST-ZIP DELÉTE Change ☐ Addition 2 1 THUE TITLE Patricia Hart ZIMMERMAN, STEVE 2.2 NAME NAME 1105 KENSINGTON PARK DRIVE 23 STREET ADDRESS 15501 Greater Groves Blud. STREET ADDRESS Clerment, F134711 ALTAMONTE SPRINGS FL 2 4 CITY - S1 - ZIP CITY - ST - ZIP Change TOELETE Addition TITLE 3 1 TITLE Paula Carmargo NAME SNYDER, SIMON D 32 NAME 2243 Dancy Tri. 1105 KENSINGTON PARK DRIVE STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL Clermont FI 34711 3 4. CITY - ST - ZIP CITY-ST-ZIP Х Сһапое Addition DELETE 4.1 TITLE TITLE NOBLITT, JAMES 4. 2 NAME Noblith, June 15917 Greak Forces Blvd. NAME 15917 GREATER GROVES BLVD 4.3 STREET ADDRESS STREET ADDRESS Clemant FI 3471) **CLERMONT F** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE ☐ Addition 5 1 TITLE TITLE 5 2 NAME EDWARDS, MARK NAME 2216 PINK GRRAPEFRUIT TRAIL 5.3 STREET ADDRESS STREET ADDRESS **CLERMONT F** 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE X Change ☐ Addition 6 1 TITLE SD TITLE CARTER, PAM NAME 6.2 NAME 15605 GREATER GROVES BLVD 6.3 STREET ADDRESS STREET ADDRESS **CLERMONT FL** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

certify that the information indicated on this annual report or supplemental annual 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

INTED NAME OF SIGNING OFFICER OR DIRECTOR