FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

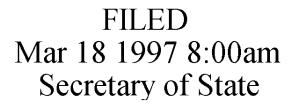
N93000004042 (8)

GREATER GROVES HOMEOWNERS ASSOCIATION, INC.

Prin	cipal F	Place of	Busir	iess
~ i^	DART	VECIVE	DOV	9079

Mailing Address

CIA DOST DEFICE BAY 3873





alia la (usa) or a nava

LONGWOOD FL 32791		LONGWOOD FL 32791	LONGWOOD FL 32791						
						3. Date Incorporated or Qualified 09/01/1993	3a. Da	te of Las 04/24/	t Report 1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-3199776			Applied For	
21		26			39-3 1997 70			Not Applicable	
Suite, Apt. #, etc.		· ' ' '	Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6 Charlie Compains Instance			
23	J	28				6. Election Campaign Financing Trost Fund Contribution			May Be
Zip	Country	Zip	Cour	itry		8. This corporation has liability fo	r intangible	tax unde	rs. 199.032,
24	25	29	30			Florida Statutes	Yes [No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered	Agent	
				81	Name				
	t, william a		ļ.	82	Street Ad	dress (P.O. Box Number is Not Accepte	able)		
	RTH EOLA DRIVE		-	83					
ORLAND	OO FL 32801			83					
				84	City		FL	85 Z	ip Code
11 Pursuant t	to the provisions of Sections 617	0502 and 617.1508. Florida Statu	tes, the ab] 0ve	e-named co	progration submits this statement for the		changin	g its registered
office or re	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change was obligations of, Section 617.0503, Fl	authorized lorida Statu	by ites	the corpora 3.	orporation submits this statement for the ation's board of directors. I hereby acc	ept the app	ointment	as registered
SIGNATURE									
	Signature, typed or printed name of registere			Age	nt signature req	Juried when reinstaling)	DATE	N ENTRE COL	(20) (1) (1) (2)
12.		AND DIRECTORS DELETE	13. 1.1 IIII	t		ADDITIONS/CHANGES TO OFF	ICC HS AINL	Chang	
TITLE	D MANDELL BODEDT A	LI DITTIL	1.1 HIII 1.2 NAI					L Online	ic L. Madition
NAME	MANDELL, ROBERT A 1105 KENSINGTON PARK	/ DDN/E			ADDRESS				
STREET ADDRESS	ALTAMONTE SPRINGS FI		1.4 CIT		· ·				
CITY-ST-ZIP TITLE	D	DELETE	2.1 1110		1-211			Chang	e Addition
NAME	PATRICIA HART		2.2 NAI						
STREET ADDRESS 15501 GREATER GROVES BLVD		S BLVD	2.3 STREE1 ADDRESS		ADDRESS				
CITY-ST-ZIP	CLEARMONT FL	J 30.15	2. 4 CII						
TITLE	D	DELFTE	3.1 TI):					☐ Chang	e Addition
NAME	SNYDER, SIMON D		3.2 NAI	ME	1				
STREET ADDRESS	1105 KENSINGTON PARK	(DRIVE	3.3 S1F	REET	ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FI		3.4. CIT	Y - 9	ST-ZIP				
TITLE	P	DELETE	4.1 1(1)	LE				☐ Chang	e 🔲 Addition
NAME	NOBLITT, JUNE		4. 2 NA	ME					
STREET ADDRESS	15917 GREATER GROVES	S BLVD	4.3 STF	REFT	ADDRESS				
CITY+ST-ZIP	CLERMONT F		4.4 C(T		.T- 21P			— :-	
TITLE	VD	☐ DELETE	5.1 1111	ιŧ				∐ Chang	ge L. Addition
NAME	EDWARDS, MARK		5.2 NA						
STREET ADDRESS	2216 PINK GRRAPEFRUIT	r trail	5.3 STF	REET	ADDRESS				
CITY-ST-ZIP	CLERMONT F		5.4 C(T		.I - ZIP				- F-1
TITLE	\$D	☐ DECETE	6.1 111					Chang	ge 🔲 Addition
NAME	CARTER, PAM	A 101.00	6.2 NA						į
STREET ADDRESS	15805 GREATER GROVE	S BLVD			ADDRESS				
CITY-ST-ZIP	CLERMONT FL		6.4 CIT	Y - S	J - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or block 13 if changest or on an attack near with an address.