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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004042**

1. Corporation Name
GREATER GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O POST OFFICE BOX 3873 LONGWOOD FL 32791	C/O POST OFFICE BOX 3873 LONGWOOD FL 32791

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/01/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3199776 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BECKETT, WILLIAM A
215 NORTH EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANDELL, ROBERT A		1.2 NAME	
STREET ADDRESS	1105 KENSINGTON PARK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PATRICIA HART		2.2 NAME	
STREET ADDRESS	15501 GREATER GROVES BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARMONT FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, SIMON D		3.2 NAME	
STREET ADDRESS	1105 KENSINGTON PARK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOBLITT, JUNE		4.2 NAME	
STREET ADDRESS	15917 GREATER GROVES BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT F		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, MARK		5.2 NAME	
STREET ADDRESS	2216 PINK GRRAPEFRUIT TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT F		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, PAM		6.2 NAME	
STREET ADDRESS	15605 GREATER GROVES BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		6.4 CITY-ST-ZIP	

14. 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 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)