FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N95000001003 (1)**

1. Corporation Name

THE NORTH GROVES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7900 AIRPORT RD. NORTH NAPLES FL 33942	7900 AIRPORT RD. NORTH NAPLES FL 33942

3. Date Incorporated or Qualified: 03/01/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 2480 Old Groves Rd
Suite, Apt. #, etc. 22:
City & State 23: Naples, FL
Zip 24: 33942 Country 25:

2a. Mailing Address
26: 2480 Old Groves Rd
Suite, Apt. #, etc. 27:
City & State 28: Naples, FL
Zip 29: 33942 Country 30:

4. FEI Number: 65-0567085 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963

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	Director	☐ Change ☒ Addition
NAME	WALLACE, JAMES		1.2 NAME	Gervase Audette	
STREET ADDRESS	7900 AIRPORT RD. NORTH		1.3 STREET ADDRESS	2480 Old Groves Rd	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, DEBRA B		2.2 NAME		
STREET ADDRESS	7900 AIRPORT RD. NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SVOBODA, JOHN		3.2 NAME		
STREET ADDRESS	7900 AIRPORT RD. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	100001768861	
TITLE		☐ DELETE	6.1 TITLE	-04/04/96--01014--020	☒ Change ☐ Addition
NAME			6.2 NAME	***61.25	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 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.

SIGNATURE: _____ 03/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OK +3.75