

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001003 (1)**

1. Corporation Name

THE NORTH GROVES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2480 OLD GROVES RD NAPLES FL 33942	Mailing Address 2480 OLD GROVES RD NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/01/1995		3a. Date of Last Report 04/03/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0567085		Applied For ☐ Not Applicable	
City & State 23		City & State 28		5. Certificate 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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Robert Samouche
82 Street Address (P.O. Box Number is Not Acceptable) 2375 TAMiami TRAIL # 306
83 City NAPLES
84 Zip Code FL 34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

DATE

8/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, JAMES 7900 AIRPORT RD. NORTH NAPLES FL 33942 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT / DIRECTOR RAYMOND PERRY 2480 Old Groves Road NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDETTE, GERVASE 2480 OLD GROVES RD NAPLES FL 33942 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V. Pres. / DIRECTOR DONALD SAMOWSKI 2480 Old Groves Road NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVOBODA, JOHN 7900 AIRPORT RD. NORTH NAPLES FL 33942 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V Pres. / Director Gervase Audette 2480 Old Groves Road Naples, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREAS. / DIRECTOR KENNETH CAIN 2480 Old Groves Road NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRETARY / DIRECTOR DONALD SCHAUM 2480 OLD GROVES ROAD NAPLES, FL 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: **RE-SIGNATURE REQUIRED**

CR2E037 (4/97)