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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2480 OLD GROVES RD NAPLES FL 33942	2480 OLD GROVES RD NAPLES FL 33942

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

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

2. Principal Place of Business (21)	2a. Mailing Address (26): c/o SUNRISE PROPERTIES & MGMT. CO.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): 9955 TAMIAMI TR. N. #2
City & State (23)	City & State (28): NAPLES, FLORIDA
Zip (24) / Country (25)	Zip (29): 34108 / Country (30): USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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	10. Name and Address of New Registered Agent
SAMOUCE, ROBERT 2375 TAMIAMI TRAIL N #306 NAPLES FL 34103	81 Name: Donald Anderson 82 Street Address (P.O. Box Number is Not Acceptable): 9955 TAMIAMI TR. N. 83: SUITE 2 84 City: NAPLES **FL** 85 Zip Code: 34108

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, RAYMOND		1.2 NAME		
STREET ADDRESS	2480 OLD GROVES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	34109	
TITLE	VPD	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SAMOWSKI, DONALD		2.2 NAME	John Curry	
STREET ADDRESS	2480 OLD GROVES ROAD		2.3 STREET ADDRESS	9632 Oleander Estate Drive	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, Fl. 34109	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	AUDETTE, GERVASE		3.2 NAME	ED KLMM	
STREET ADDRESS	2480 OLD GROVES ROAD		3.3 STREET ADDRESS	8565 Old Groves Drive #103	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, Fla. 34109	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAIN, KENNETH		4.2 NAME		
STREET ADDRESS	2480 OLD GROVES ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	34109	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAUER, DONALD		5.2 NAME		
STREET ADDRESS	2480 OLD GROVES ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	34109	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Raymond V. Perry 4/2/98 941-594-5005
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #