2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90020 001 ****61.25

DOCUMENT # N95000001003

1. Entity Name

NORTH GROVES CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

44019300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2480 OLD GROVES ROAD	2480 OLD GROVES ROAD
Suite, Apt #, etc	Suite, Apt. #, etc,
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34109 Country	Zip: 34109 Country

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SAMOUCE, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable): 800 LAUREL OAK DRIVE SUITE 300

City: NAPLES FL Zip Code: 34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE	P D	TITLE	
NAME	DAVENPORT, HADDON	NAME	
STREET ADDRESS	2480 OLD GROVES ROAD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	VP D	TITLE	
NAME	KLIMM, ED	NAME	
STREET ADDRESS	2565 OLD GROVES ROAD #103	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	VP D	TITLE	
NAME	SABIA, ANGELO	NAME	
STREET ADDRESS	1370 EDCRIS ROAD	STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN HEIGHTS NY 10598	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	S D	TITLE	
NAME	SMITH, LORRAINE	NAME	**IN THIS SPACE**
STREET ADDRESS	7504 OLEANDER GATE DRIVE #202	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	T D	TITLE	
NAME	CAIN, KENNETH	NAME	
STREET ADDRESS	2480 OLD GROVES ROAD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Cain TREAS. 3-11-04 239-594-5005

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