2005 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90215 024 ****61.25

DOCUMENT # N95000001003

1. Entity Name

NORTH GROVES CONDOMINIUM ASSOCIATION, INC.

14006377

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

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 _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DAVENPORT, HADDON
STREET ADDRESS	2585 OLD GROVES ROAD L102
CITY-ST-ZIP	NAPLES FL 34109
TITLE	VPD
NAME	SABIA, ANGELO
STREET ADDRESS	7576 OLEANDER GATE DRIVE D102
CITY-ST-ZIP	NAPLES FL 34109
TITLE	SD
NAME	SMITH, LORRAINE
STREET ADDRESS	7504 OLEANDER GATE DRIVE 202
CITY-ST-ZIP	NAPLES FL 34109
TITLE	TD
NAME	SCHAUER, DONALD
STREET ADDRESS	2645 MAGNOLIA PARK LANE Z202
CITY-ST-ZIP	NAPLES FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

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: D.A. Schauer 4/25/05 239-513-1735

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