

**2006 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 029 ****61.25

DOCUMENT # N95000001003

1. Entity Name

NORTH GROVES CONDOMINIUM ASSOCIATION, INC.

2. Principal Place of Business
2480 OLD GROVES ROAD

3. Mailing Address
2480 OLD GROVES ROAD

Suite, Apt #, etc

Suite, Apt. #, etc,

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
65-0567085

Applied For
Not Applicable

Zip
34109

Country

Zip
34109

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
BECKER & POLIAKOFF PA

Street Address (P.O. Box Number is Not Acceptable)
4501 TAMiami TRAIL NORTH #214

City
NAPLES

FL

Zip Code
34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(239) 594-5005
Daytime Phone #

60010896

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE