


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90236 009 ****70.00

DOCUMENT # N95000002497					
1. Entity Name THE GROVE BY THE SEA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7 TOWN CENTER LOOP SANTA ROSA BEACH, FL 32459 US			Mailing Address P.O. BOX 1247 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3345126	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRWIN, JIM THE ASSOCIATION OFFICE 7 TOWN CENTER LOOP SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BROWN, LESLIE ANN	<input type="checkbox"/> Delete	TITLE D	NAME BROWN, LESLIE ANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 233 N ANDALUSIA AVE	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		STREET ADDRESS 233 N ANDALUSIA AVENUE	CITY-ST-ZIP SANTA ROSA BEACH FLORIDA 32459	
TITLE D	NAME BROWN, MICHAEL	<input type="checkbox"/> Delete	TITLE SD	NAME BROWN, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4661 LA JOLLA	CITY-ST-ZIP PENSACOLA, FL 32504		STREET ADDRESS 4661 LA JOLLA	CITY-ST-ZIP PENSACOLA FLORIDA 32504	
TITLE DV	NAME ROWAN, LEE	<input checked="" type="checkbox"/> Delete	TITLE VD	NAME TYSON, JIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 126 N ANDALUSIA	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		STREET ADDRESS 130 N ANDALUSIA AVENUE	CITY-ST-ZIP SANTA ROSA BEACH FL 32459	
TITLE DT	NAME TARVER, LOYD	<input type="checkbox"/> Delete	TITLE PD	NAME TARVER, LOYD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 180 CULLMAN AVE.	CITY-ST-ZIP SEAGROVE BEACH, FL 32459		STREET ADDRESS 180 CULLMAN AVENUE	CITY-ST-ZIP SEAGROVE BEACH FLORIDA 32459	
TITLE DS	NAME JONES, GLENDA	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME SAUNDERS, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1508 VERDURE CIRCLE	CITY-ST-ZIP BIRMINGHAM, AL 35226		STREET ADDRESS 120 CULLMAN AVENUE	CITY-ST-ZIP SANTA ROSA BEACH FLORIDA 32459	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Loyd Tarver</i> Loyd Tarver 4/23/07 858-231-2108					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					