

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N95000004381

Entity Name: GROVE MANOR NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

%PHOENIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

%PHOENIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0645784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, DAVID
3082 JOG ROAD
%PHOENIX MANAGEMENT
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIND, DAVID
Address: 9564 CHERRY BLOSSOM TERRACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: WEISMAN, LESTER
Address: 9563 CHERRY BLOSSOM CT.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MOTOLA, FLORENCE
Address: 9583 CHERRY BLOSSOM CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: LAST, WILLIAM
Address: 7753 CHERRY BLOSSOM ST.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: COHEN, LARRY
Address: 7699 CHERRY BLOSSOM ST
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: HERSHKOWITZ, SAM
Address: 7717 CHERRY BLOSSOM ST.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LIND

PD

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date