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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004534 (2)**

1. Corporation Name
THE GROVE AT BOYNTON BEACH COMMUNITY ASSOCIATION, INC.



Principal Place of Business 7200 W CAMINO REAL SUITE 104 BOCA RATON FL 33433	Mailing Address 7200 W CAMINO REAL SUITE 104 BOCA RATON FL 33433-5511
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3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0645775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. % CMD Management	2a. Mailing Address 26. % CMD Management
Suite, Apt. #, etc. 22. 3082 Jog Road	Suite, Apt. #, etc. 27. 3082 Jog Road
City & State 23. Lake Worth, FL	City & State 28. Lake Worth, FL
Zip 24. 33467	Country 25. USA
Zip 29. 33467	Country 30. USA

9. Name and Address of Current Registered Agent

~~PUDER, MICHAEL~~
~~7200 W CAMINO REAL SUITE 104~~
~~BOCA RATON FL 33433~~

10. Name and Address of New Registered Agent

81. Name
Rosenthal, David

82. Street Address (P.O. Box Number is Not Acceptable)
3082 Jog Road

83. **Lake Worth**

84. City **↑**

85. Zip Code
FL 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David C. Rosenthal DATE: **3/21/97**

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

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PUDER, MICHAEL	
STREET ADDRESS	7200 W CAMINO REAL SUITE 104	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ROSEN, GARY	
STREET ADDRESS	7200 W CAMINO REAL SUITE 104	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VOLLER, CYNTHIA	
STREET ADDRESS	7200 W CAMINO REAL SUITE 104	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia S. Voller DATE: **3/22/97** DAYTIME PHONE # **561-374-8986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)