


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90035 017 \*\*\*\*61.25

<b>DOCUMENT # N96000002503</b>	
1. Entity Name <b>GROVE ESTATES II NEIGHBORHOOD ASSOCIATION, INC.</b>	

Principal Place of Business <b>% PHOENIX MGT 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>	Mailing Address <b>% PHOENIX MGT 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>
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40058160



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0726673</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ROSENTHAL, DAVID 3082 JOG ROAD LAKE WORTH, FL 33467</b>	

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 *David C. Rosenthal* DATE 4/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JULIUS, RALPH 9527 HONEYBALL CIRCLE BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COHEN, JOSEPH 9655 HONEYBELL CIRCLE BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PORTNOY, JULES 9584 HONEYBELL CIRCLE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ZIMMERMAN, JERRY 9524 HONEYBELL CIRCLE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CANTOR, DIANE 9511 HONEYBELL CIRCLE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ESBIN, ARNOLD 9599 ORCHID GROVE TRL BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.D. Diana Margaret 9534 Honeybell Cir Boynton Beach FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Steinberg, Norman 9515 Honeybell Cir Boynton Beach FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sulzer, Richard 9604 Honeybell Cir Boynton Beach FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David C. Rosenthal* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #