

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 11, 2011
Secretary of State

Entity Name: GROVE ESTATES II NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES, INC.
3082 JOG ROAD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES, INC.
3082 JOG ROAD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0726673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, DAVID
C/O PHOENIX MANAGEMENT SERVICES, INC.
3082 JOG ROAD
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: VPD
Name: ESBIN, ARNIE
Address: 9599 ORCHID GROVE TRAIL
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: STEINBERG, NORMAN
Address: 9515 HONEYBELL CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD
Name: HERMANN, DIANNE
Address: 9564 HONEYBELL CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD
Name: KING, DONNA
Address: 9627 HONEYBELL CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD
Name: FUNT, SUSAN
Address: 9628 HONEYBELL CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: SULZER, RICHARD
Address: 9604 HONEYBELL CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: DIANNE HERMANN

PD

04/11/2011

Electronic Signature of Signing Officer or Director

_____ Date