

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000789

FILED
Apr 14, 2011
Secretary of State

Entity Name: GROVE PLACE MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2920 CARDINAL DRIVE
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1056
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 65-0786432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARDEN, C. DEREK
2920 CARDINAL DRIVE
VERO BEACH, FL 32963 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
Name: PROCTOR, DONALD C M.D.
Address: 1325 36TH STREET, STE A
City-St-Zip: VERO BEACH, FL 32960

Title: VD
Name: GRIFFIN, DAVID M.D.
Address: 1285 36TH STREET, STE 100
City-St-Zip: VERO BEACH, FL 32960

Title: TD
Name: RODD, MARJORIE
Address: 1345 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: SD
Name: AQUINA, RANDY
Address: 4885 RIVERBEND ROAD, SUITE D
City-St-Zip: BOULDER, CO 80301

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: DONALD C. PROCTOR M.D.

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date