2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002365

FILED Feb 25, 2010 Secretary of State

Entity Name: GROVE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PHOENIX MANAGEMENT C/O PHOENIX MANAGEMENT SERVICES, INC.

3082 JOG RD. 3082 JOG RD.

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US

Current Mailing Address: New Mailing Address:

C/O PHOENIX MANAGEMENT C/O PHOENIX MANAGEMENT SERVICES, INC.

3082 JOG RD. 3082 JOG RD.

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US

FEI Number: 65-0793610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSENTHAL, DAVID ROSENTHAL, DAVID

C/O PHOENIX MANAGEMENT C/O PHOENIX MANAGEMENT SERVICES, INC.

3082 JOG RD. 3082 JOG RD

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

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: DAVID ROSENTHAL 02/25/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: LEWIS, BARBARA Address: 7910 LAINA LANE #4

City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP

Name: GARBER, MEL Address: 7948 LAINA LANE #3

City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TD

Name: ILOWITZ, JOYCE Address: 7880 LAINA LANE #2

City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD

Name: FAST, BARBARA Address: 7947 LAINA LANE #1

City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: [

 Name:
 GARFIELD, JAY

 Address:
 7960 LAINA LANE #3

 City-St-Zip:
 BOYNTON BEACH, FL 33437

Title: [

Name: GIMPEL, JERRY Address: 7960 LAINA LANE #2

City-St-Zip: BOYNTON BEACH, FL 33437 US

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: BARBARA LEWIS PD 02/25/2010