

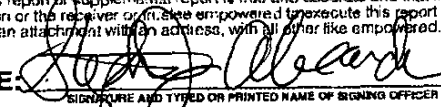
Apr 26 05 04:02p

Whitelaw Legal Group

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90510 042 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000106614					
1. Entity Name THE GROVE RESORT INC.					
Principal Place of Business 1278 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957			Mailing Address 3838 TAMiami TRAIL NORTH THIRD FLOOR NAPLES, FL 34103		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59 3799062	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITELAW, JENNIFER 3838 TAMiami TRAIL NORTH THIRD FLOOR NAPLES, FL 34103			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEXANDER, STEPHEN J		NAME		
STREET ADDRESS	1278 SAND CASTLE ROAD		STREET ADDRESS		
CITY-STATE-ZIP	SANIBEL ISLAND, FL 33957		CITY-STATE-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEXANDER, CHARLYNN K		NAME		
STREET ADDRESS	1278 SAND CASTLE ROAD		STREET ADDRESS		
CITY-STATE-ZIP	SANIBEL ISLAND, FL 33957		CITY-STATE-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEXANDER, STEPHEN J		NAME		
STREET ADDRESS	1278 SAND CASTLE		STREET ADDRESS		
CITY-STATE-ZIP	SANIBEL CASTLE, FL 33957		CITY-STATE-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEXANDER, CHARLYNN K		NAME		
STREET ADDRESS	1278 SAND CASTLE ROAD		STREET ADDRESS		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: 			4-30-05 239-395-9203		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		