## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000068777

City-St-Zip:

Entity Name: THE GROVE COMMUNITY CORPORATION

FILED Apr 12, 2007 Secretary of State

Entity Name: THE	GROVE COMMUNITY CORPORA	TION		
Current Principal Place of Business:		New Principa	New Principal Place of Business:	
2600 GOLDEN GAT NAPLES, FL 34105	E PARKWAY			
Current Mailing Address:		New Mailing	New Mailing Address:	
2600 GOLDEN GAT NAPLES, FL 34105	E PARKWAY			
FEI Number: 20-525588	6 FEI Number Applied For ( )	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )	
Name and Address	of Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
AMERICAN INFORMATION SERVICES, INC.  ONE SOUTHEAST THRID AVENUE 28TH FLOOR MIAMI, FL 33131 US  MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US		I GATE PARKWAY		
The above named ein the State of Florida		ourpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: PAUL J MARINELLI			04/12/2007	
Ele	ctronic Signature of Registered Ag	ent	Date	
Election Campaign Fina	ancing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 26	( ) Change (X) Addition RINELLI, PAUL J 00 GOLDEN GATE PARKWAY PLES, FL 34105	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 26	( ) Change (X) Addition ROUL, KATHERINE G 00 GOLDEN GATE PARKWAY PLES, FL 34105	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 26	N () Change (X) Addition AZ, BRADLEY A 00 GOLDEN GATE PARKWAY PLES, FL 34105	
Title: Name: Address:	( ) Delete		( ) Change (X) Addition IRD, DOUGLAS E 00 GOLDEN GATE PARKWAY	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: NAPLES, FL 34105

SIGNATURE: PAUL J MARINELLI RA/P 04/12/2007