09/06/2001 11:02 9544419096 CHALLENGER

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-24-2002 90036 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000101964**

1. Entity Name
GROVE PARK APTS., INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19214 LOXAHATCHEE RIVER ROAD JUPITER FL 33458	19214 LOXAHATCHEE RIVER ROAD JUPITER FL 33458

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 65-1124399 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALK, GARY 5151 NORTH FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH FL 33401	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTON, GARY 19214 LOXAHATCHEE RIVER ROAD JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GARY WESTON, PRES 5615750915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Attachment
Document #
P96000101964
18829

APARTMENTS AT
Shell Trace

MARCH 13, 2002

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302

DEAR SIR OR MADAM:

I HAVE ENCLOSED THE CORRECTED APPLICATION WITH THE FEDERAL ID NUMBER WHICH IS #65-1124399.

PLEASE CHANGE THE ADDRESS TO THE FOLLOWING:

GROVE PARK APTS., INC.
6701 MALLARDS COVE ROAD, BLDG. # 47
JUPITER, FL 33458

THANK YOU FOR YOUR HELP.

SINCERELY,

MAUREEN MURRAY, MGR
GROVE PARK APTS.