

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90121 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V23187**

1. Corporation Name  
**THE GROVES OF NAPLES, INC.**



Principal Place of Business  
~~6900 GOODLETTE ROAD~~  
~~NAPLES FL 34109~~  
 US

Mailing Address  
~~6900 GOODLETTE ROAD~~  
~~NAPLES FL 34109~~  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/18/1992**

4. FEI Number  
**65-0373429**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **8001 COCONUT RD**

2a. Mailing Address  
 26 **8001 COCONUT RD**

22 Suite, Apt. #, etc.

23 City & State  
**BONITA SPRINGS FL**

24 Zip **34135** 25 Country **USA**

27 Suite, Apt. #, etc.

28 City & State  
**BONITA SPRINGS FL**

29 Zip **34135** 30 Country **USA**

9. Name and Address of Current Registered Agent

**WALLACE, JAMES**  
~~6900 GOODLETTE RD N~~  
~~NAPLES FL 34109~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**8001 COCONUT RD**

83

84 City **BONITA SPRINGS, FL FL** 85 Zip Code **34135**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLACE, JAMES	
STREET ADDRESS	<del>6900 GOODLETTE RD N</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLACE, DEBRA	
STREET ADDRESS	<del>2000 CITRUS LAKE DR</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLACE, JOSEPH	
STREET ADDRESS	<del>1717 GULF SHORE BLVD, N., APT. 401</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLACE, LILLIAN	
STREET ADDRESS	<del>1717 GULF SHORE BLVD., N., APT. 401</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8001 COCONUT RD</b>
1.4 CITY-ST-ZIP	<b>BONITA SP. FL. 34135</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8001 COCONUT RD</b>
2.4 CITY-ST-ZIP	<b>BONITA SP. FL. 34135</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>8001 COCONUT RD.</b>
3.4 CITY-ST-ZIP	<b>BONITA SP. FL. 34135</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>8001 COCONUT RD</b>
4.4 CITY-ST-ZIP	<b>BONITA SP. FL. 34135</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99**

Date

Daytime Phone #

CR2E034 (11/98)