# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010472

Entity Name: THE GROVE HOMEOWNERS ASSOCIATION OF WAKULLA, INC.

FILED
Jan 30, 2015
Secretary of State
CC0238275670

### **Current Principal Place of Business:**

43 PONDEROSA DRIVE CRAWFORDVILLE, FL 32327

# **Current Mailing Address:**

P.O. BOX 1481

CRAWFORDVILLE, FL 32326

FEI Number: 57-1214669 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

REBMAN, KATHRYN C 43 PONDEROSA DRIVE CRAWFORDVILLE, FL 32327 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: KATHRYN C. REBMAN 01/30/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRES Title VF

Name REBMAN, KATHRYN C Name NICHOLAS, EUGENE

Address P.O. BOX 1481 Address P.O. BOX 1481

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: CRAWFORDVILLE FL 32326

Title TREA

Name MARSHALL, MELISSA

Address P.O. BOX 1481

City-State-Zip: CRAWFORDVILLE FL 32326

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: MELISSA MARSHALL

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

01/30/2015 Date