

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010472

FILED
Mar 18, 2016
Secretary of State
CC6958136784

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

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 13089
TALLAHASSEE, FL 32317 US

FEI Number: 57-1214669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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: ROBERT S RHINEHART

03/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name REBMAN, KATHRYN C
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name GRUBBS, DUSTIN
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title TREA
Name MARSHALL, MELISSA
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name BENNETT, MATT
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name HADLEY, HARRIET
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title REGISTERED AGENT
Name RHINEHART, ROBERT
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

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: ROBERT RHINEHART

MANAGER

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date