## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000197

Entity Name: THE GROVES RESIDENT'S ASSOCIATION, INC.

**FILED** Mar 21, 2017 **Secretary of State** CC2959458892

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

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD NAPLES, FL 34109

## **Current Mailing Address:**

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 65-0406478 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 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: DENNIS F LIVELY 03/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

**TREASURER** Title Title **PRESIDENT** KLIMM. DAVID Name Name IVES, JOHN

Address 2565 OLD GROVE RD Address 2446 ORCHID BAY DR #103

#104

NAPLES FL 34109 NAPLES FL 34109 City-State-Zip:

Title VΡ Title **SECRETARY** 

PINTO, MARYANN MOUNTFORD, WILLIAM Name Name

7600 OLEANDER GATE 7475 JACARANDA PARK RD Address Address #202

#202 NAPLES FL 34109 NAPLES FL 34109 City-State-Zip:

Title **DIRECTOR** 

SMITH, PARKE Name

7465 JACARANDA PARK RD Address

#103

NAPLES FL 34109 City-State-Zip:

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.

03/21/2017 SIGNATURE: JOHN IVES **PRESIDENT**