

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000197

FILED
Mar 31, 2016
Secretary of State
CC3051192009

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

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

03/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KLIMM, DAVID
Address 2565 OLD GROVE RD
 #103
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name KACZMARSKI, AL
Address 2426 ORCHID BAY DR
 #204
City-State-Zip: NAPLES FL 34109

Title S
Name PINTO, MARYANN
Address 7600 OLEANDER GATE
 #202
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name RODIA, JOHN
Address 7529 SILVER TRUMPET
 #102
City-State-Zip: NAPLES FL 34109

Title VP
Name SEIFERT, MARY
Address 2426 ORCHID BAY DR
 #203
City-State-Zip: NAPLES FL 34109

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: AL KACZMARSKI

PRESIDENT

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date