

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N92000000197

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

**Current Principal Place of Business:**

2480 OLD GROVES ROAD  
NAPLES, FL 34109

**Current Mailing Address:**

2480 OLD GROVES ROAD  
NAPLES, FL 34109 US

**FEI Number:** 65-0406478

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE GROVES RESIDENT'S ASSOCIATION, INC.  
2480 OLD GROVES ROAD  
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:** SUSAN M LONGSTRETH

06/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARRETT, BARBARA  
Address        7465 JACARANDA PARK ROAD  
                  201  
City-State-Zip: NAPLES FL 34109

Title            TREASURER  
Name            STANTON, HOWARD  
Address        2446 ORCHID BAY DR  
                  #101  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            MOUNTFORD, WILLIAM  
Address        7475 JACARANDA PARK ROAD  
                  #202  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY  
Name            NELLER, JACK  
Address        2480 OLD GROVES ROAD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            GRESKOVICH, JAMES  
Address        2480 OLD GROVES ROAD  
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:** BARBARA GARRETT

PRESIDENT

06/08/2022

Electronic Signature of Signing Officer/Director Detail

Date