

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000197

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

FILED
Apr 16, 2018
Secretary of State
CC6040087827

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

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ARIETTA, BRUNO
Address 2645 MAGNOLIA PARK LN
 #101
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name IVES, JOHN
Address 2446 ORCHID BAY DR
 #104
City-State-Zip: NAPLES FL 34109

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

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

Title DIRECTOR
Name SMITH, PARKE
Address 7465 JACARANDA PARK RD
 #103
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: JOHN IVES

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date