# 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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9200000197

#### 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

# 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			02/11/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER	Title	PRESIDENT	
Name	STANTON, HOWARD	Name	IVES, JOHN	
Address	26 WINDING BROOK LANE, N	Address City-State-Zip:	2446 ORCHID BAY DR #104	
City-State-Zip:	WELLS ME 04090		NAPLES FL 34109	
Title	VP	Name SELVIA, K	SECRETARY	
Name	PINTO, MARYANN		SELVIA, KARA	
Address	7600 OLEANDER GATE #202		2480 OLD GROVES ROAD	
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109	
Title	DIRECTOR			
Name	MOUNTFORD, WILLIAM			
Address	2480 OLD GROVES ROAD			
City-State-Zip:	NAPLES FL 34109			

PRESIDENT

Certificate of Status Desired: No

FILED Feb 11, 2020 Secretary of State 1633060086CC

> 02/11/2020 Date