

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001003

Entity Name: THE NORTH GROVES CONDOMINIUM 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: 65-0567085

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 PRESIDENT
Name BARRON, BRUCE
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VP
Name ARIETTA, BRUNO
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title S
Name KLIMM, DAVID
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name DAVENPORT, HADDON
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title D
Name PALAMARA, VINCENT
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
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: BRUCE BARRON

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date