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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR -7 PM 1:46

DOCUMENT # 746216 (1)

1. Corporation Name
GROVE VILLAS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% COURTESY PROPERTY MANAGEMENT, INC. 13500 N KENDALL DR STE 140 MIAMI FL 33186	% COURTESY PROPERTY MANAGEMENT, INC. 13500 N KENDALL DR STE 140 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1979
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2121568 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUCIANO, ALBERT
8900 SW 150 CT CIR W
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: William J. Motyczka, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 13410 SW 128 Street
83: Park Place of Kendall
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William J. Motyczka DATE: 3/1/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ALMODOVAR, HILDA	1.2 NAME		
STREET ADDRESS	15245 SW 81 TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	LAZARUS, HOWARD	2.2 NAME		
STREET ADDRESS	8140 S.W. 152ND PL.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	Vice-President/Director	☐ Change ☒ Addition
NAME	KOENIG, EDITH	3.2 NAME	Wilfredo Mendez	
STREET ADDRESS	8148 SW 152 CT	3.3 STREET ADDRESS	15257 SW 81 Terrace, Miami FL 33193	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☒ Change ☐ Addition
NAME	ALMANZAR, JOSE	4.2 NAME	Vacant Position	
STREET ADDRESS	8136 SW 152 PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	ORTH, HENRY	5.2 NAME		
STREET ADDRESS	8141 SW 152 CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hilda Almodovar 3/6/95 356-2479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Vice Board of Directors

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