FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE

DOCUMENT #

746216

(1)

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 **MIAMI FL 33186							
2 Dringing F	Disco (D.)				3. Date Incorporated or Qualified 03/12/1979	3a. Date of La 03/07	
21 Cour	Place of Business tesy Property Mng		Property	Mngt	4. FEI Number 59-2121568		Applied For
Suite, Apt. 22 9380 City & Stat	SW 72 Street B25		72 Street	B25	5. Certificate of Status Desired	n i	5 Additional Required
23 Miami, Florida 28 Miami, Florida					Election Campaign Financing Trust Fund Contribution	□ \$5.·	00 May Be ed to Fees
24 3317	Country 25 USA 9. Name and Address of Curren	Zip 29 33173	Country U		8. This corporation has liability for inti- Florida Statutes	angible tax under Yes	
	3. Harro dila Address di Curren	registered Agent			Name and Address of New Reg	istered Agent	
MOTVO	7VA WILLIAM 1 FOO		81 Nam	e			
MU11U ₀	ZKA, WILLIAM J ESQ SW 128TH STREET		82 Stree	t Address	(P.O. Box Number is Not Acceptable)		
134 IU S DADE D	LACE OF KENDALL						
MIAMI F			83			· · · · · · · · · · · · · · · · · · ·	
INDAM [L 93100		84 City			—. 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617 0500	and 617 1500 Flade 0: :				┡┖┤┤	•
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Sectic	and 617.1508, Florida Statutes a. Such change was authorizer	s, the above-named of d by the comoration'	corporations board of	n submits this statement for the purpor	se of changing its	registered office
rannilar wi	th, and accept the obligations of, Section	n 617.0503, Florida Statutes.	in the state of th	0 000,00	r directors. Thereby accept the appoint	ment as registere	agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a						
12.	OFFICERS AND		Registered Agent signature	required who		DATE	- · ·
TITLE	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12
NAME	ALMODOVAR, HILDA	Morreit	1.1 TITLE	PD		Change	Addition Addition
STREET ADDRESS	15245 SW 81 TERR		1.2 NAME	Or	th, Henry		
CITY-ST-ZIP	MIAMI FL		13 STREET ADDRESS	81	41 SW 152 Court		
THILE	TD	X DELETE	1.4 CITY-ST-ZIP	141	ami, Fl. 33193		
NAME	LAZARUS, HOWARD	MINETELE	2.1 TITLE	VPD		Change	Addition
STREET ADDRESS	8140 S.W. 152ND PL.		2 2 NAME	Almo	odovar, Hilda 45 SW 81 Terrace		
CITY-ST-ZIP	MIAMI FL		23 STREET ADDRESS	1524	45 SW 81 Terrace		
TITLE	VPD	Potitive	2.4 CITY - ST - ZIP	Miar	ni, Fl. 33193		
NAME		DELETE	3.1 TITLE	TD		≥ Change	Addition
STREET ADDRESS	MENDEZ, WILFREDO		3.2 NAME	1	son, Charles		
DITY-ST-ZIP	15257 SW 81ST TERRACE		3.3 STREET ADDRESS	1521	6 SW 81 Lane		
ITLE	MIAMI FL SD	Naber ese	3.4. CITY-ST-ZIP	Mian	i, Fl. 33193		
IAME	Orth, Henry	DELETE	4 1 TITLE	D/Sec	· ,	□ Change	☐ Addition
TREET ADDRESS	8141 SW 152 CT		4. 2 NAME	Mend	lez. Wilfredo	- -	
HTY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS	1525	7 SW 81 Terrace		
ITLE	MIVIMI LE	Documen	4.4 CHY-SI-ZIP	Miam	i, Fl. 33193		
AME		DELETE	5 1 TITLE]		☐ Change	☐ Addition
TREET ADDRESS	And the second		5.2 NAME				
ITY-ST-ZIP			5.3 STREET ADDRESS				
TLE		DELETE	54 CITY-ST-ZIP				
AME		LIDELETE	6.1 TITLE			☐ Change	Addition
TREET ADDRESS			6.2 NAME				
TY-ST-ZIP			6.3 STREET ADDRESS				
4. I do hereby	certify that the information supplied with	this filion is action - 1.4	6.4 CITY - ST - 7IP				
oath; that I a	certify that the information supplied with the information indicated on this annual am an officer or director of the corporate Block 12 or Block 13 if changed, or on a	ion or the receiver or to letter in		lify for the curate and e this repo	exemption stated in Section 119.07(3) I that my signature shall have the same of as required by Chapter 617, Florida	(k), Florida Statute e legal effect as if i Statutes; and that	s. I further nade under my name

Daytime Phone #