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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **746216** **(1)**

1. Corporation Name

GROVE VILLAS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% COURTESY PROPERTY MANAGEMENT, INC. 9380 SW 72 STREET B250 MIAMI FL 33173 US	% COURTESY PROPERTY MANAGEMENT, INC. 9380 SW 72 STREET B250 MIAMI FL 33173-3276 US

3. Date Incorporated or Qualified: 03/12/1979
3a. Date of Last Report: 03/27/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOTYCZKA, WILLIAM J ESQ
13410 SW 128TH STREET
PARK PLACE OF KENDALL
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	ORTH, HENRY		1.2 NAME	D
STREET ADDRESS	8141 SW 152 COURTT		1.3 STREET ADDRESS	DENISE QUALO
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	8153 SW 153 CT. MIAMI FL 33193
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	ALMODOVAR, HILDA		2.2 NAME	D
STREET ADDRESS	15245 SW 81 TERRACE		2.3 STREET ADDRESS	ROGER TOMAS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	8157 SW 153 CT MIAMI FL 33193
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, CHARLES		3.2 NAME	
STREET ADDRESS	15216 SW 81 LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, WILFREDO		4.2 NAME	
STREET ADDRESS	15257 SW 81 TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] VPD 3/26/97 386-2479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032742