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**Mar 11, 1999 8:00 am**
**Secretary of State**
03-11-1999 90006 031 ****70.00

0034194

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746216**

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

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

2. Principal Place of Business
21 13250 SW 135 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33186 Country 25

2a. Mailing Address
26 13250 SW 135 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33186 Country 30

3. Date Incorporated or Qualifed
03/12/1979

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

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: SKRLD, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, #1102
83 Miami, Florida 33134
84 City: Miami, Florida FL 85 Zip Code: 33134

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 Lisa A. Lerner, Secretary — February 16, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | ORTH, HENRY | | 1.2 NAME | HIX, BETTY | |
| STREET ADDRESS | 8141 SW 152 COURTT | | 1.3 STREET ADDRESS | 15236 SW 81 LANE | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | MIAMI, FLORIDA 33193 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALMODOVAR, HILDA | | 2.2 NAME | | |
| STREET ADDRESS | 15245 SW 81 TERRACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | | |
| 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 | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOWEN, TED | | 5.2 NAME | | |
| STREET ADDRESS | 15220 SW 81ST LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | 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 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** Charles A. Wilson REQUIRED — 3/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #