2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90054 020 ****61.25

DOCUMENT # N02000003698

1. Entity Name
COURTYARD HOMES AT THE GROVE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GABLES PROP MGMT 1495 N PARK DR WESTON, FL 33326	C/O GABLES PROP MGMT 1495 N PARK DR WESTON, FL 33326

02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2900 Glades Circle Rd.	c/o The Continental Group, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2950 N. 28th Terrace
City & State: Weston, Fl.	City & State: Hollywood, Fl.
Zip: 33327 Country: Broward	Zip: 33020 Country: Broward

4. FEI Number 33-1015836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETTOLI, MAURIZIO 1495 N PK DR WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEINBERG, KAREN 1495 N PK DR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Richard Reid 4062 Timber Cove Lane Weston, Fl. 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERNAL, REMBERTH 1495 N PK DR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. Katy Alcantara 4050 Timber Cove Lane Weston, Fl. 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, WAYNE 1495 N PK DR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Gail Perry 4134 Forest Dr. Weston, Fl. 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GATTO, MARGARET 1495 N PK DR WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Adam Yanckowitz 3842 Tree Top Dr. Weston, Fl. 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Jesus Casas 3931 Tree Top Dr. Weston, Fl. 33327	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

D
Luz Marina Restrepo
3923 Tree Top Dr.
Weston, Fl. 33327

60029007 **Addition**
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