



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 009 ****61.25

DOCUMENT # N03000005481						
1. Entity Name GROVE WAY CONDOMINIUM ASSOCIATION INC.						
Principal Place of Business 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145			Mailing Address 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1430 NW 15 Avenue				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Miami, FL				01282008 Chg-NP CR2E037 (12/06)
Zip	Country	Zip	Country			4. FEI Number 20-1319799
		33125 US		Applied For Not Applicable		
6. Name and Address of Current Registered Agent COLON, JUAN JOSE 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent						
				Name SKRLD, Inc.		
				Street Address (P.O. Box Number is Not Acceptable)		
				201 Alhambra Circle, Suite 1102		
				City	Coral Gables FL 33134	
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 SKRLD, Inc. by <u>[Signature]</u> , Secretary						
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVER, MITCHELL		NAME	Mitchell Nover		
STREET ADDRESS	2400 SW 27TH AVE LOBBY BOX		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, OMAR		NAME	Omar Martinez		
STREET ADDRESS	2400 SW 27TH AVE LOBBY BOX		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLON, JUAN JOSE		NAME	Juan Jose Colon		
STREET ADDRESS	2400 SW 27TH AVE LOBBY BOX		STREET ADDRESS	1430 NW 15 Avenue, Miami, FL 33125		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMOS, MANUEL		NAME	SANY SOLTURA		
STREET ADDRESS	2400 SW 27TH AVE LOBBY BOX		STREET ADDRESS	1430 NW 15 AVE, MIAMI, FL 33125		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLTURA, SANY		NAME			
STREET ADDRESS	2400 SW 27TH AVE LOBBY BOX		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <u>[Signature]</u> <u>Juan Jose Colon</u> <u>[Signature]</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						