

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 55

DOCUMENT # **N08383** (4)
1. Corporation Name
GROVEDECO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2945 BRIDGEPORT AVE. UNIT F. COCONUT GROVE FL 33133 **2945 BRIDGEPORT AVE. UNIT F. COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1985** 3a. Date of Last Report **03/11/1994**
4. FEI Number **65-0035184** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**HENDRICKS, JANE E.
2945 BRIDGEPORT AVE.
UNIT H
COCONUT GROVE FL 33133**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
P **TEJEDA, RAPHAEL**
2945-J BRIDGEPORT AVE.
MIAMI FL
TD **DICKSON, RICHARD**
2945 BRIDGEPORT AVE. #F
COCONUT GROVE FL
SD **HENDRICKS, JANE E.**
2945 BRIDGEPORT AVE #H
COCONUT GROVE FL
D **TEICHMAN, RONNIE**
2945-J BRIDGEPORT AVE.
MIAMI FL
D **GAIL BONN**
2945-G BRIDGEPORT AVE
COCONUT GROVE FL
D **RUDD, JOHN**
2945-J BRIDGEPORT AVE.
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME **TREASURER**
23 STREET ADDRESS **RAUL KRISTIAN**
2945 BRIDGEPORT AVE UNIT D
24 CITY - ST - ZIP **COCONUT GROVE FL 33133**
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME **GEORGE BAROLLE**
63 STREET ADDRESS **2945 BRIDGEPORT AVE #D**
64 CITY - ST - ZIP **COCONUT GROVE FL 33133**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raul Kristian* **RAUL S. KRISTIAN** **3/26/95** *Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR This Date (Type Name)