

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08383** (4)

1. Corporation Name

GROVEDECO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2945 BRIDGEPORT AVE.
UNIT # H
COCONUT GROVE FL 33133

2945 BRIDGEPORT AVE.
UNIT # H
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
03/26/1985

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **2945 Bridgeport Ave**

26 **2945 Bridgeport Ave**

4. FEI Number
65-0035184

Applied For
Not Applicable

22 Suite, Apt. #, etc. **H**

27 Suite, Apt. #, etc. **H**

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

23 City & State

28 City & State **Miami FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

33133

30 Country

Fla

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRICKS, JANE E.
2945 BRIDGEPORT AVE.
UNIT H
COCONUT GROVE FL 33133

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 officer 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 **Jane E. Hendricks**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-31-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **TEJEDA, RAPHAEL**
STREET ADDRESS **2945-J BRIDGEPORT AVE.**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **T** DELETE
NAME **~~KRISTIAN PAUL~~**
STREET ADDRESS **2945 BRIDGEPORT AVE., UNIT D**
CITY - ST - ZIP **COCONUT GROVE FL**

2.1 TITLE Change Addition
2.2 NAME **Manion Teichman**
2.3 STREET ADDRESS **2945 Bridgeport Ave Unit D**
2.4 CITY - ST - ZIP **Coconut Grove FL**

TITLE **SD** DELETE
NAME **HENDRICKS, JANE E.**
STREET ADDRESS **2945 BRIDGEPORT AVE #H**
CITY - ST - ZIP **COCONUT GROVE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **TEICHMAN, RONNIE**
STREET ADDRESS **2945-J BRIDGEPORT AVE.**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **GAIL BONN**
STREET ADDRESS **2945-G BRIDGEPORT AVE**
CITY - ST - ZIP **COCONUT GROVE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **BARTOCCI, GEORGE**
STREET ADDRESS **2945 BRIDGEPORT AVE., #D**
CITY - ST - ZIP **COCONUT GROVE FL**

6.1 TITLE Change Addition
6.2 NAME **Jose Sanchez**
6.3 STREET ADDRESS **2945 Bridgeport Ave #D**
6.4 CITY - ST - ZIP **Coconut Grove FL**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J. Hendricks** Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

DATE

305-445-3367

Daytime Phone #

CR2E037 (12/95)