

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

2945 BRIDGEPORT AVE.
UNIT # H
COCONUT GROVE FL 33133

Mailing Address

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

26 **2945 Bridgeport Ave**

22 City & State

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

23 Zip

28 **Miami FL**

24 Country

29 **33133**

25 Country

30 **FL**

4. FEI Number
65-0035184

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

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 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 **Jane E. Hendricks**

(NOTE: Registered Agent signature required when reinstating)

1-31-96

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 **Marion 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

2-7-96

305-445-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)