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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.
COCONUT GROVE FL 33133
US

2945 BRIDGEPORT AVENUE
H
MIAMI FL 33133-3600
US

3. Date Incorporated or Qualified
03/26/1985

3a. Date of Last Report
02/14/1996

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.
J

27 Suite, Apt. #, etc.
J

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

23 City & State
Miami FL

28 City & State
Miami FL

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

24 Zip
33133

25 Country
USA

29 Zip
33133

30 Country
USA

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.~~ Ralph Tejada
2945 BRIDGEPORT AVE.
UNIT # J
COCONUT GROVE FL 33133

81 Name
Ralph Tejada
82 Street Address (P.O. Box Number is Not Acceptable)
2945 Bridgeport Ave # J
83
84 City
Coconut Grove FL 85 Zip Code
33133

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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-26-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TEJEDA, RAPHAEL	
STREET ADDRESS	2945-J BRIDGEPORT AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TEICHMAN, MARION	
STREET ADDRESS	2945 BRIDGEPORT AVENUE, UNIT I	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENDRICKS, JANE E.	
STREET ADDRESS	2945 BRIDGEPORT AVE #H	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEICHMAN, RONNIE	
STREET ADDRESS	2945-J BRIDGEPORT AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAIL BONN	
STREET ADDRESS	2945-G BRIDGEPORT AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTOCCI, GEORGE	
STREET ADDRESS	2945 BRIDGEPORT AVE., #D	
CITY-ST-ZIP	COCONUT GROVE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary Siltzman
2.3 STREET ADDRESS	2945 Bridgeport Ave # L
2.4 CITY-ST-ZIP	Miami FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Lucy Villalva Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2945 Bridgeport Ave # E
4.4 CITY-ST-ZIP	Miami FL 33133
5.1 TITLE	Jose Sanchez Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2945 Bridgeport Ave # D
5.4 CITY-ST-ZIP	Miami FL 33133
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in changes or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Tejada 3/26/97 305-591-8080 305/774402

CR2E037 (9/96)