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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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. #J MIAMI FL 33133 US
Mailing Address: 2945 BRIDGEPORT AVENUE #J MIAMI FL 33133 US

3. Date Incorporated or Qualified: 03/26/1985
4. FEI Number: 65-0035184
Applied For: Not Applicable:

21	2945 BRIDGEPORT AVE.	26	2945 BRIDGEPORT AVE.
22	UNIT L	27	UNIT L
23	MIAMI, FLORIDA	28	MIAMI, FLORIDA
24	33133 USA	29	33133 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
TEJEDA, RALPH
2945 BRIDGEPORT AVE.
UNIT J
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name: **GARY SALTZMAN**
82 Street Address (P.O. Box Number is Not Acceptable): **2945 BRIDGEPORT AVE., UNIT L**
83
84 City: **MIAMI** 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: GARY SALTZMAN, TREASURER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	SALTZMAN, GARY	
STREET ADDRESS	2945 BRIDGEPORT AVE #L	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, JANE E.	
STREET ADDRESS	2945 BRIDGEPORT AVE #H	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLALVA, LUCY	
STREET ADDRESS	2945 BRIDGEPORT AVE #E	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE	
STREET ADDRESS	2945 BRIDGEPORT AVE #D	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUCY VILLALVA
3.3 STREET ADDRESS	2945 BRIDGEPORT AVENUE, UNIT E
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RONNIE TEICHMANN
4.3 STREET ADDRESS	2945 BRIDGEPORT AVENUE, UNIT I
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 1/12/98 305-871-6930
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0028662

CR2E037 (10/97)