

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 045 ****61.25

DOCUMENT # N08383

1. Entity Name

GROVEDECO HOMEOWNERS ASSOCIATION, INC.

P

Principal Place of Business

2945 BRIDGEPORT AVE.
 UNIT J
 MIAMI FL 33133
 US

Mailing Address

2945 BRIDGEPORT AVENUE
 UNIT L
 MIAMI FL 33133
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0035184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALTZMAN, GARY
2945 BRIDGEPORT AVE.
UNIT L
MIAMI FL 33133

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P TEJEDA, RAPHAEL 2945-J BRIDGEPORT AVE. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T SALTZMAN, GARY 2945 BRIDGEPORT AVE #L MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	S VILLALVA, LUCY 2945 BRIDGEPORT AVE #H MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S BARTOLCCI, GEORGE GEORGE BARTOLCCI 2945 BRIDGEPORT AVE, #A MIAMI, FL 33133
<input checked="" type="checkbox"/> Delete	D TEICHMANN, RONNIE 2945 BRIDGEPORT AVE #E MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D VILLALVA, LUCY 2945 BRIDGEPORT AVE #E MIAMI, FL 33133
<input checked="" type="checkbox"/> Delete	D SANCHEZ, JOSE 2945 BRIDGEPORT AVE #D MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D ESPINOZA, ELIZABETH 2945 BRIDGEPORT AVE, #G MIAMI, FL 33133
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00
 Date

305-871-6930
 Daytime Phone #

CREE037 (5/00)