


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91018 025 \*\*\*\*61.25

**DOCUMENT # N08383**  
 1. Entity Name  
**GROVEDECO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 2945 BRIDGEPORT AVE. 2945 BRIDGEPORT AVENUE  
 UNIT J UNIT L  
 MIAMI FL 33133 MIAMI FL 33133  
 US US

2. Principal Place of Business 3. Mailing Address  
*2945 Bridgeport Ave* *2945 Bridgeport Ave*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Unit G* *Unit H*

City & State City & State  
*Miami, FL* *Miami Florida*

Zip Country Zip Country  
*33133 USA* *33133 USA*



MOORE CR2E037 (11/03)

4. FEI Number 65-0035184 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**SALTZMAN, GARY**  
 2945 BRIDGEPORT AVE.  
 UNIT L  
 MIAMI FL 33133

7. Name and Address of New Registered Agent  
 Name *Vincent Chen*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2945 Bridgeport Avenue*  
*Suite H*  
 City *Miami* FL Zip Code *33133*

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* DATE *4/21/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SALTZMAN, GARY</b> 2945 BRIDGEPORT AVE #L MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STASAITIS, PAUL</b> 2945 BRIDGEPORT AVENUE #B MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NOBILE REITZ, DIANE</b> 4001 KUMQUAT AVENUE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ESPINOZA, ELIZABETH</b> 2945 BRIDGEPORT AVE #G MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SARKAR, SANDIP "SONNY"</b> 2945 BRIDGEPORT AVE #A MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STASAITIS, PAUL</b> 2945 Bridgeport Ave #B MIAMI FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Villalon, Lucy</b> 2945 Bridgeport Avenue #E MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ESPINOZA, ELIZABETH</b> 2945 Bridgeport Avenue #G MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHEN, VINCENT</b> 2945 Bridgeport Avenue #H MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" 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]* **Elizabeth Espinoza, President** 4/22/04 305 347 4307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #