


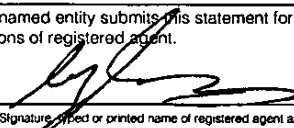
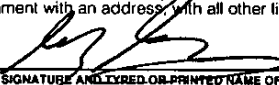
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90195 049 \*\*\*\*61.25

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|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # N08383</b>  |  |    |  |
| 1. Entity Name<br>GROVEDECO HOMEOWNERS ASSOCIATION, INC.  |  |   |  |
| Principal Place of Business<br>2945 BRIDGEPORT AVE.<br>UNIT G<br>MIAMI, FL 33133 US   |  | Mailing Address<br>2945 BRIDGEPORT AVENUE<br>UNIT H<br>MIAMI, FL 33133 US   |  |
| 2. Principal Place of Business<br><b>2945 BRIDGEPORT AVE</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2945 BRIDGEPORT AVE</b><br>Suite, Apt. #, etc.<br><b>UNIT - L</b>  |  |
| City & State<br><b>MIAMI FL</b>   |  | City & State<br><b>MIAMI FL</b>   |  |
| 4. FEI Number<br>65-0035184   |  | Applied For<br>Not Applicable   |  |
| Zip<br><b>33133</b>   |  | Country   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>CHAN, VINCENT<br>2945 BRIDGEPORT AVE.<br>SUITE H<br>MIAMI, FL 33133  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>GARY SALTZMAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2945 BRIDGEPORT AVE, UNIT - L</b><br>City<br><b>MIAMI FL</b> Zip Code<br><b>33133</b> |  |
| 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    |  | GARY SALTZMAN, TREASURER 2/22/05<br>DATE  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| Make check payable to Florida Department of State   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>STASAITIS, PAUL<br>2945 BRIDGEPORT AVENUE #B<br>MIAMI, FL 33133 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>VILLALUA, LUCY<br>2945 BRIDGEPORT AVE. #E<br>MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>DIANE NOBILE<br>2945 BRIDGEPORT AVE, #F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ESPINOSA, ELIZABETH<br>2945 BRIDGEPORT AVE #G<br>MIAMI, FL 33133 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SARKAR, SANDIP "SONNY"<br>2945 BRIDGEPORT AVE #A<br>MIAMI, FL 33133 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>CHEN, VINCENT<br>2945 BRIDGEPORT AVE. #H<br>MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>GARY SALTZMAN<br>2945 BRIDGEPORT AVE, #L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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:   |  | GARY SALTZMAN 2/22/05<br>Date   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #   |  |