2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AM Secretary of State

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GROVEDECO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2945 BRIDGEPORT AVE. MIAMI, FL 33133 US Mailing Address

-2945 BRIDGEPORT AVENUE UNIT L

MIAMI, FL 33133 US



DO NOT WRITE IN THIS SPACE

04102006 No Chg-NP

CR2E037 (11/05)

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. SUITE I

DO	NOT	WRITE
IN	THIS	SPACE

MIAMI, FL	33133	-		1N	THIS SPACE		
	named entity submits this statement for the pions of registered agent	ourpose of changing its registered	office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and acce		
SIGNATURE.	Signature, typed or printed name of registered agent and ride	If applicable (NOTE: Registered As	eni signaturi	required when reinstalling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financin Trust Fund Contribution. ,		\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D STASAITIS, PAUL 2945 BRIDGEPORT AVENUE #B MIAMI, FL 33133 S NOBILE, DIANE 2945 BRIDGEPORT AVE #F MIAMI, FL 33133	CTORS			05/08/06-80004-011 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARKAR, SANDIP "SONNY" 2945 BRIDGEPORT AVE #A MIAMI, FL 33133			IN	THIS SPACE		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 simpowered to execute this report as required by Chapter 517, 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:

SALTZMAN, GARY

MIAMI, FL 33133

2945 BRIDGEPORT AVE #L

TITLE NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GARY SALTZMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR