
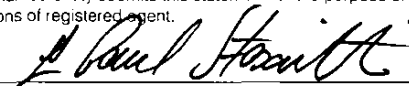
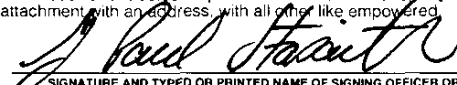


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90018 021 ***61.25

DOCUMENT # N08383 1. Entity Name 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2945 BRIDGEPORT AVENUE UNIT B City & State MIAMI, FL Zip 33133 Country U.S.A.			
City & State Zip		City & State MIAMI, FL Zip 33133 Country U.S.A.		4. FEI Number 65-0035184	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SALTZMAN, GARY 2945 BRIDGEPORT AVE. SUITE L MIAMI, FL 33133			7. Name and Address of New Registered Agent Name G. PAUL STASAITIS Street Address (P.O. Box Number is Not Acceptable) 2945 BRIDGEPORT AVENUE UNIT B 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> 3/14/2007 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D STASAITIS, PAUL	<input type="checkbox"/> Delete	TITLE	TREASURER G. PAUL STASAITIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2945 BRIDGEPORT AVENUE #B		STREET ADDRESS	2945 BRIDGEPORT AVE, UNIT B	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBILE, DIANE		NAME	SHERI PICARDO	
STREET ADDRESS	2945 BRIDGEPORT AVE #F		STREET ADDRESS	2945 BRIDGEPORT AVE, UNIT H	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOSA, ELIZABETH		NAME		
STREET ADDRESS	2945 BRIDGEPORT AVE #G		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARKAR, SANDIP "SONNY"		NAME		
STREET ADDRESS	2945 BRIDGEPORT AVE #A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALTZMAN, GARY		NAME	GUSTAVO BRANO	
STREET ADDRESS	2945 BRIDGEPORT AVE #L		STREET ADDRESS	2945 BRIDGEPORT AVENUE, UNIT F	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/07 <small>DATE</small>		

40040356



03142007 Chg-NP CR2E037 (12/06)