

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08383

FILED
Feb 18, 2008
Secretary of State

Entity Name: GROVEDECO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2945 BRIDGEPORT AVE.
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2945 BRIDGEPORT AVENUE
UNIT B
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0035184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STASAITIS, G PAUL
2945 BRIDGEPORT AVE.
SUITE B
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

STASAITIS, G PAUL
2945 BRIDGEPORT AVE.
UNIT B
MIAMI, FL 33133 US

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: G. PAUL STASAITIS

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STASAITIS, G PAUL
Address: 2945 BRIDGEPORT AVE UNIT B
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: PICARDO, SHERI
Address: 2945 BRIDGEPORT AVE UNIT H
City-St-Zip: MIAMI, FL 33133

Title: P () Delete
Name: ESPINOSA, ELIZABETH
Address: 2945 BRIDGEPORT AVE #G
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SARKAR, SANDIP
Address: 2945 BRIDGEPORT AVE #A
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BRAVO, GUSTAVO
Address: 2945 BRIDGEPORT AVENUE, UNIT F
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. PAUL STASAITIS

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02/18/2008

Electronic Signature of Signing Officer or Director

Date