


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N21458	
1. Entity Name GROOVER VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7822 SW 99TH STREET MIAMI, FL 33156 US	Mailing Address 7822 SW 99TH STREET MIAMI, FL 33156 US
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0212170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SABLON, MAYDA
7822 SW 99TH STREET
MIAMI, FL 33156

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, PETER 7816 SW 99 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SABLON, MAYDA 7822 SW 99TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UNDERWOOD, MIKE 7815 SW 100 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80012-011 61.25

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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:  MAYDA S. SABLON, Treasurer 1/3/06 365-279-2734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #