SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN 20 PM 01:13

DOCUMENT # N94000001827 (4)

1. Corporation Name

GROVE WALK TOWNHOMES CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
7429 N.W. 50TH STREET MIAMI FL 33166	7429 N.W. 50TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:
4. FEI Number: 65-0485770 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3135 Gifford Lane	2a. Mailing Address 26 P.O. Box 330008
Suite, Apt. #, etc. 22 Unit C	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33133 / 25	Zip / Country 29 33233 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MELAND, MARK S ESQ.
MELAND & RUSSIN, P.A.
701 BRICKELL AVENUE, SUITE 1110
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Donna Holman
82 Street Address (P.O. Box Number is Not Acceptable): 3135 Gifford Lane
83 Unit C
84 City: Miami FL — FL — 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Donna Holman — 6/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~PINON, JUAN~~ ~~7429 N.W. 50TH STREET~~ ~~MIAMI FL 33166~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Donna Holman 3135 Gifford Lane Unit C Miami FL 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~EIROA, ALICIA~~ ~~2555 COLLINS AVENUE~~ ~~MIAMI BEACH FL 33140~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Mario Cubalero 3135 Gifford Lane Unit A Miami FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~PINON, JOHN A~~ ~~7429 N.W. 50TH STREET~~ ~~MIAMI FL 33166~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D.C. Page 3135 Gifford Lane Unit D Miami FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Holman — 6/13/95 — (305) 794-1972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000459