

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N37030

1. Entity Name
**CHRISTOPHER GROVES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**8496 SW 94TH STREET
MIAMI, FL 33156 US**

Mailing Address
**8496 SW 94TH STREET
MIAMI, FL 33156 US**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0320560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ DE VILLEGAS, ELENA
12260 SW 8TH ST
SUITE 224
MIAMI, FL 33184**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000937827
05/27/08-80064-018 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIAZ DE VILLEGAS, ELENA
8480 SW 94 ST
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NUNEZ, ARSENIO
8496 SW 94TH STREET
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ALEMAN, ARMANDO P
8480 SW 94 ST
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEVES, GILBERTO
8488 SW 94TH STREET
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2008
Date

(305) 571-0723
Daytime Phone #