I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A SHARP

Electronic Signature of Signing Officer/Director Detail

Title Title PD TR SHARP, TIMOTHY Name KAPLAN, PETER Name Address 7816 SW 99 STREET Address 7810 SW 99TH STREET City-State-Zip: MIAMI FL 33156 City-State-Zip: MIAMI FL 33156 Title SD

GROOVER VILLAS HOA 7810 SW 99TH STREET MIAMI, FL 33156 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.

Name Address

SIGNATURE: Electronic Signature of Registered Agent

SHARP, LINDA

7810 SW 100 ST

### **Officer/Director Detail :**

City-State-Zip: MIAMI FL 33156

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N21458

Entity Name: GROOVER VILLAS HOMEOWNERS ASSOCIATION, INC.

### **Current Principal Place of Business:**

7810 SW 99 STREET MIAMI, FL 33156

### **Current Mailing Address:**

7810 SW 99 STREET MIAMI. FL 33156 US

### FEI Number: 65-0212170

# Name and Address of Current Registered Agent:

TREASURER

03/10/2018 Date

FILED Mar 10, 2018 Secretary of State CC4665375324

Certificate of Status Desired: No

Date