FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:38

DOCUMENT # 730397 (7)

1. Corporation Name

GROVES VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LAND CAP PROPERTY SERVICES, INC. 12000 SW 114TH PLACE MIAMI FL 33176	% LAND CAP PROPERTY SERVICES, INC. 12000 SW 114TH PLACE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1974
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1958668 ☐ Applied For ☐ Not Applicable
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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEPHEN SUITS/LANDCAP PROPERTY SERV.
12000 SW 114 PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FERNANDEZ, LAZARO	1.2 NAME	MIRIAM BENARD	
STREET ADDRESS	5811 SW 144 CIR PL	1.3 STREET ADDRESS	5801 SW 144 Cir. Pl	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VPD	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	GRAHAM, NELSON	2.2 NAME	MIRIAM ABELEDO	
STREET ADDRESS	5820 SW 144 CIR PL	2.3 STREET ADDRESS	5839 SW 144 Cir.Pl.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	FAJARDO, AGUSTO	3.2 NAME	TERESA CARDENAS	
STREET ADDRESS	5836 SW 144 CIR PL	3.3 STREET ADDRESS	5837 SW 144 Cir. Pl.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	AGRAMONTE, WILFREDO	4.2 NAME	DOROTHY CISSEL	
STREET ADDRESS	5829 SW 144 CIR PL	4.3 STREET ADDRESS	5842 SW 144 CIR.PL.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Miriam Benard 03/02/95.
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008064