FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified: 08/07/1974
3a. Date of Last Report: 03/07/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	BENARD, MIRIAM	
STREET ADDRESS	5801 SW 144 CIR PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☒ DELETE
NAME	ABELEDO, MIRIAM	
STREET ADDRESS	5839 SW 144 CIR PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	CARDENAS, TERESA	
STREET ADDRESS	5837 SW 144 CIR PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☒ DELETE
NAME	CISSEL, DOROTHY	
STREET ADDRESS	5842 SW 144 CIR PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	FRANK DEVALDIVIESO	
1.3 STREET ADDRESS	5817 SW 144 Cir. Pl	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	VP/D	☐ Change ☒ Addition
2.2 NAME	WALFREDO AGRAMONTE	
2.3 STREET ADDRESS	5829 SW 144 Cir. Pl	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	BETTY TSANG	
3.3 STREET ADDRESS	5820 SW 144 Cir. PL	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA	
4.1 TITLE	T/D	☐ Change ☒ Addition
4.2 NAME	GUS FERNANDEZ	
4.3 STREET ADDRESS	5811 SW 144 Cir. PL	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	JORGE DUARTE	
5.3 STREET ADDRESS	5819 SW 144 CIR. PL	
5.4 CITY-ST-ZIP	MIAMI, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Frank DeValdivieso 4/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #