

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730397** (7)
1. Corporation Name
GROVES VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % LAND CAP PROPERTY SERVICES, INC. 12000 SW 114TH PLACE MIAMI FL 33176	Mailing Address % LAND CAP PROPERTY SERVICES, INC. 12000 SW 114TH PLACE MIAMI FL 33176-4412
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3. Date Incorporated or Qualified 08/07/1974	3a. Date of Last Report 04/18/1996
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	

2. Principal Place of Business 21 LAND CAP PROPERTY SERVICES, INC. 22 13800 SW 144 Ave Road 23 Miami, FL 33186	2a. Mailing Address 26 LAND CAP PROPERTY SERVICES, INC. 27 13800 SW 144 Ave Road 28 Miami, FL 33186
24 Zip Country	29 Zip Country

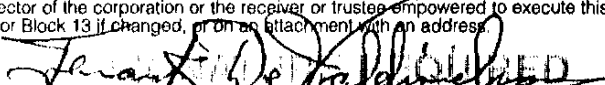
9. Name and Address of Current Registered Agent STEPHEN SUITS/LANDCAP PROPERTY SERV. 12000 SW 114 PLACE MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 LAND CAP PROPERTY SERVICES, INC. 84 City 13800 SW 144 Ave Road FL 85 Zip Code Miami, FL 33186
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation hereby certifies 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEVALDIVESO, FRANK	1.2 NAME	
STREET ADDRESS	5817 SW 144 CIRCLE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AGRAMONTE, WOLFREDO	2.2 NAME	
STREET ADDRESS	5829 SW 144 CIRCLE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TSANG, BETTY	3.2 NAME	
STREET ADDRESS	5820 SW 144 CIRCLE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, GUS	4.2 NAME	
STREET ADDRESS	5811 SW 144 CIRCLE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DUARTE, JORGE	5.2 NAME	
STREET ADDRESS	5819 SW 144 CIRCLE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **0033127**

CR2E037 (9/96)