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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

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 33176-4412

3. Date Incorporated or Qualified: 08/07/1974
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21 LAND CAP
Suite, Apt. #, etc.
22 PROPERTY SERVICES, INC.
City
23 13800 SW 144 Ave Road
Miami, FL 33186
Zip 24 | Country 25

2a. Mailing Address
26 LAND CAP
Suite, Apt. #, etc.
27 PROPERTY SERVICES, INC.
City
28 13800 SW 144 Ave Road
Miami, FL 33186
Zip 29 | Country 30

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 LAND CAP PROPERTY SERVICES, INC.
84 City 13800 SW 144 Ave Road FL 85 Zip Code
Miami, Fl. 33186

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEVALDIVIESO, 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, WALFREDO		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		

CR2E037 (9/96)

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: Frank DeValdivieso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0033127