

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.
13800 SW 144 AVE ROAD
MIAMI FL 33186
US

3. Date Incorporated or Qualified

08/07/1974

4. FEI Number

59-1958668

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDCAP PROPERTY SERV.
13800 SW 144 AVE ROAD
MIAMI FL 33186

81 Name
LAND CAP PROPERTY SVCS.

82 Street Address (P.O. Box Number is Not Acceptable)
ATTN: ERNESTO CARBALLO

83 13800 SW 144 AVE ROAD

84 City MIAMI

85 Zip Code 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

ERNESTO CARBALLO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEVALDIVESO, FRANK
STREET ADDRESS 5817 SW 144 CIRCLE PLACE
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE P/D
1.2 NAME TERRIER, OLIVER
1.3 STREET ADDRESS 5803 SW 144 CIRCLE, PLACE
1.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE VPD
NAME AGRAMONTE, WLFREDO
STREET ADDRESS 5829 SW 144 CIRCLE PLACE
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE T/D
2.2 NAME VALENCIA, SANDRA
2.3 STREET ADDRESS 5871 SW 144 CIRCLE, PLACE
2.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE SD
NAME TSANG, BETTY
STREET ADDRESS 5820 SW 144 CIRCLE PLACE
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE S/D
3.2 NAME TSANG, BETTY
3.3 STREET ADDRESS 1000 BAY DRIVE, #609
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE TD
NAME FERNANDEZ, GUS
STREET ADDRESS 5811 SW 144 CIRCLE PLACE
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE V/D
4.2 NAME FERNANDEZ, GUS
4.3 STREET ADDRESS 5811 SW 144 CIRCLE, PLACE
4.4 CITY-ST-ZIP MIAMI, FL 33183 ☒ Change ☐ Addition

TITLE D
NAME DUARTE, JORGE
STREET ADDRESS 5819 SW 144 CIRCLE PLACE
CITY-ST-ZIP MIAMI FL ☒ DELETE

5.1 TITLE D
5.2 NAME TERRIER, GINA
5.3 STREET ADDRESS 5803 SW 144 CIRCLE, PLACE
5.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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]

2/26/98

CR2E037 (1097)