# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2004 8:00 am**
**Secretary of State**
04-14-2004 90015 023 ****61.25

5520 54032628

DOCUMENT # 730397

1. Entity Name
GROVES VILLAS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LAND CAP PROPERTY SERVICES, INC<br>13800 SW 144 AVE ROAD<br>MIAMI, FL 33186 US | LAND CAP PROPERTY SERVICES, INC<br>13800 SW 144 AVE ROAD<br>MIAMI, FL 33186 US |

01152004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1958668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LANDCAP PROPERTY SERV.
STEPHEN SUITS
13800 SW 144TH AVE RD
MIAMI, FL 33186

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10- | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>TERRIER, OLIVER<br>5803 SW 144TH CIR, PL<br>MIAMI, FL 33183 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Giusti, Richard<br>5844 SW 144 Cir Pl.<br>Miami, Fl. 33183 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>VALENCIA, SANDRA<br>5871 SW 144TH CIR, PL<br>MIAMI, FL 33183 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Adam Pascual<br>5842 SW 144 Cir Pl.<br>Miami, Fl. 33183 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RAYMOND, MICHELLE<br>5831 SW 144 CIR PL<br>MIAMI, FL 33183 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARDENAS, TERESA<br>5837 SW 144 CIR PL<br>MIAMI, FL 33182 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Cardenas, Teresa<br>5837 SW 144 Cir. Pl.<br>Miami, Fl. 33183 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SANCHEZ, ARMANDO<br>5822 SW 144 CIR PL<br>MIAMI, FL 33183 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP, D<br>Sanchez, Armando<br>5822 SW 144 Cir Pl.<br>Miami, Fl. 33183 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4-8-04 305-408-3856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #