


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 039 ****61.25

DOCUMENT # 730397

1. Entity Name
GROVES VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
LAND CAP PROPERTY SERVICES, INC
13800 SW 144 AVE ROAD
MIAMI, FL 33186 US

Mailing Address
LAND CAP PROPERTY SERVICES, INC
13800 SW 144 AVE ROAD
MIAMI, FL 33186 US

40033436



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032007 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25 Due by May 1, 2007

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 P	CARDENAS, TERESA 5803 SW 144TH CIR, PL MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE VP	TERRIER, OLIVER 5803 SW 144 CIR. FL. MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	SANCHEZ, ARMANDO 5844 SW 144 CIR. PL MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE T	SANCHEZ, ARMANDO 5822 SW 144 CIR. PL MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	GIUSTI, RICHARD 5842 SW 144 CIR. PL MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE S	GIUSTI, RICHARD 5842 SW 144 CIR. PL MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	VALENCIA, SANDRA 5837 SW 144 CIR PL MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE D	HODGSON, MARIAN 5835 SW 144 CIR PL MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	SANCHEZ, ARMANDO 5822 SW 144 CIR PL MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terence Cardenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____