

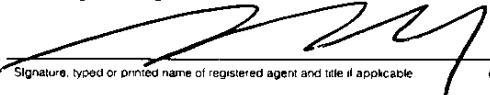
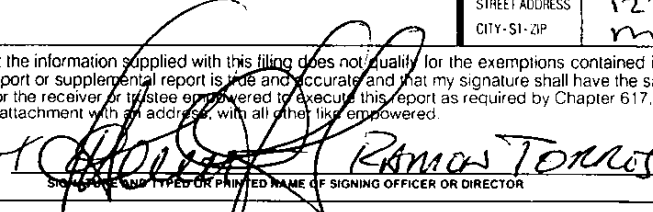


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90025 039 ****61.25

DOCUMENT # 741126					
1. Entity Name GROVELAND AIRSTRIP ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MGMT INC 14275 SW 142ST AVE MIAMI, FL 33186 US		Mailing Address C/O MIAMI MGMT INC 14275 SW 142ST AVE MIAMI, FL 33186 US		<p>40010286</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-1023700	
Applied For		Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POTTER, JAMES D 18205 SW 158TH ST MIAMI, FL 33187			Name: <u>CARLOS A. TORRES</u> Street Address (P.O. Box Number is Not Acceptable): <u>3750 NW 87 AVE</u> <u>#100</u> City: <u>Doral</u> FL <u>33171</u>		
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: <u>1/18/08</u>		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, JAMES D		NAME		
STREET ADDRESS	18205 SW 158TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, DAN		NAME	Abel Hera	
STREET ADDRESS	18090 SW 158TH STREET		STREET ADDRESS	18390 SW 158 street-1.	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP	miami, Fl. 33187.	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMAYA, RANDOLPH		NAME	Julio Bobelo	
STREET ADDRESS	15863 SW 68 TERRACE		STREET ADDRESS	18690 SW 158st	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	miami, Fl. 33134.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	W/p Ray Torres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, RAY		NAME	17705 SW 158 st	
STREET ADDRESS	17705 SW 158 ST		STREET ADDRESS	Miami, Fl. 33187.	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P. Sam Lobue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	18200 SW 158 st.	
STREET ADDRESS			STREET ADDRESS	miami, Fl. 33187	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Andu martins	
STREET ADDRESS			STREET ADDRESS	12371 SW 75 st.	
CITY-ST-ZIP			CITY-ST-ZIP	miami, Fl. 33183.	
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: 			Date: <u>1/18/08</u>		
Typed or printed name of signing officer or director: <u>RAMON TORRES</u>			Daytime Phone #		