

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741126

FILED
Apr 06, 2009
Secretary of State

Entity Name: GROVELAND AIRSTRIP ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MGMT INC
14275 SW 142ST AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MGMT INC
14275 SW 142ST AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 63-1023700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAIY, CARLOS A
3750 NW 87 AVE STE 100
DORAL, FL 33171 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERA, ABEL
Address: 18390 SW 158 ST
City-St-Zip: MIAMI, FL 33187

Title: S () Delete
Name: ROBELO, JULIO
Address: 18690 SW 158 ST
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: TORRES, RAY
Address: 17705 SW 158 ST
City-St-Zip: MIAMI, FL 33187

Title: P () Delete
Name: LOBUE, SAM
Address: 18200 SW 158 ST
City-St-Zip: MIAMI, FL 33187

Title: T (X) Delete
Name: MARTIN, ANDU
Address: 12371 SW 75 ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: ROBELO, JULIO
Address: 18690 SW 158 ST
City-St-Zip: MIAMI, FL 33134

Title: VP/D (X) Change () Addition
Name: TORRES, RAY
Address: 17705 SW 158 ST
City-St-Zip: MIAMI, FL 33187

Title: P/D (X) Change () Addition
Name: LOBUE, SAM
Address: 18200 SW 158 ST
City-St-Zip: MIAMI, FL 33187

Title: T/D (X) Change () Addition
Name: MARTIN, ANDY
Address: 12371 SW 75 ST
City-St-Zip: MIAMI, FL 33183

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM LOBUE

P

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date