

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 746216

1. Entity Name
**GROVE VILLAS WEST HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**13250 SW 135 AVE
MIAMI, FL 33186 US**

Mailing Address
**13250 SW 135 AVE
MIAMI, FL 33186 US**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2121568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOTYCZKA, WILLIAM
13410 SW 128 STREET
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CASTRO, CLARA
8100 SW 153 PLACE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARVAJAL, RAY
15333 SW 80 LANE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**NPD
PEREZ, JOAQUIN
8156 SW 153 CT
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687827
04/10/07-80055-008 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY CARVAJAL PRESIDENT

Date

3/2/07

Daytime Phone #

301-381-1321