
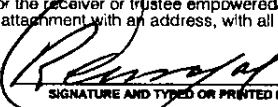


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 746216</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MOTYCZKA, WILLIAM 13410 SW 128 STREET MIAMI, FL 33186		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTRO, CLARA 8100 SW 153 PLACE MIAMI, FL 33193	<b>DO NOT WRITE IN THIS SPACE</b>
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		
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:  RAY CARVAJAL		03/12/08 305-385-5321
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03052008 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

U000000864204  
04/04/08-80004-008 70.00