2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # 749437** 1. Entity Name 03-31-2004 90038 021 ****61.25 GROVE VIEW GARDEN HOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 3475 SW 1 AVE #17 1450 CORAL WAY #1 MIAMI FL 33145 MIAMI FL 33145-2856 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2054358 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLEDOR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1450 CORAL WAY MIAMI FL 33145 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition GONSKY, LISA NAME NAME **3475**x**34**k**1**34x**6**\/**E**x#7cx 1800 SW 71 Court STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP Miami, Fl 33155 TITLE X Delete TITLE Aycel Medina - Secretary ☐ Change X Addition BOZARTH, CRAIG NAME NAME 3475 SW 1 Ave, #17 3475 SW 1ST AVE, #1 STREET ADDRESS STREET ADDRESS Miami, Fl 33145 MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change Addition KEELER, GRACE NAME NAME Mayda Sablon 3480 MAIN HWY STREET ADDRESS STREET ADDRESS 7822 SW 99 St MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP Miami, Fl 33156 **VPD** XXAddition TITLE ☐ Change TITLE 🔀 Delete BRAMBLE, MARLENE NAME NAME Maggie Moreno 235 MARSHALL WAY 3475 SW 1 Ave, Miami, Fl 33145 STREET ADDRESS STREET ADDRESS AUBURN CA 95603 CITY-ST-ZIP CITY-ST-ZIP **VPD** TITLE Delete ☐ Change TITLE ☐ Addition VICKERS, MILTON NAME 7946 NW 162 ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 City-St-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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Daytime Phone #