2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State
06-24-2005 90001 042 ****61.25

DOCUMENT # 749437

1. Entity Name
GROVE VIEW GARDEN HOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3475 SW 1 AVE #17 MIAMI, FL 33145 US	1450 CORAL WAY #1 MIAMI, FL 33145-2856 US

06142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 440067 Suite, Apt. #, etc.
City & State	Miami, Fl. City & State
Zip / Country	33144 / USA Zip / Country

4. FEI Number 59-2054358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLEDOR, ROBERT 1450 CORAL WAY MIAMI, FL 33145	Name: Frank Perez-Siam Street Address (P.O. Box Number is Not Acceptable): 7001 SW 87 CT City: Miami **FL** Zip Code: 33173

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 Frank Perez 06/15/05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONSKY, LISA 1800 SW 71 COURT MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GONSKY, Lisa 7001 SW 87 CT Miami, Fl.33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEDINA, AYCEL 3475 SW 1 AVE, #17 MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D MEDINA, Aycel 7001 SW 87 CT Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEELER, GRACE 3480 MAIN HWY MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KEELER, Grace 7001 SW 87 CT Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAYDA, SABLON 7822 SW 99 ST MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D SABLON, Mayda 7001 SW 87 Ct Miami, Fl.33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORENO, MAGGIE 3475 SW 1 AVE, #11 MIAMI, FL 33145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D MUSCILLO, Lenny 7001 SW 87 CT Miami, Fl. 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: 6-15-05 (305) 553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #