## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #749437** 

## FILED May 22, 2006 8:00 am Secretary of State

05-22-2006 90045 045 \*\*\*\*61.25

GROVE \	VIEW GARDEN HOMES A	ASSOCIATION, INC.					
Principal Plac 3475 SW 1 / MIAMI, FL 3		Mailing Address P.O.BOX 440067 MIAMI, FL 33144 US			3 3 0 0 0 7	III BIEII BIBII BIBI	<b>                                  </b>
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05182006 Ch	ig-NP CR2E0	37 (4/06)	
City & State		City & State	City & State		8	_ <del>                                    </del>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Addr	ress of New Registered	Agent	
PEREZ-SIAM, FRANK			Name ) NLIHITEC PROPERTY MANAGENEE Street Address (P.O. Box Number is Not Acceptable) ST				
7001 SW 87 CT MIAMI, FL 33173			7	255 NU	555ST		
		۸	City	Wiami'	FL	Zip Code	3166
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.							
					$\alpha U \cdot U$	106	
SIGNATURE Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filling Fee is \$61.25  9. Election Campa Due by September 6, 2006  Trust Fund Cont							
D				\$5.00 May Be Added to Fees	Make checi Florida Depar		
D 10.		Trust Fund Co		Added to Fees	Florida Depar	tment of St	tate
	OFFICERS AND	Trust Fund Co	ontribution.	Added to Fees		tment of St	tate
10. TITLE NAME	OFFICERS AND PD GONSKY, LISA	Trust Fund Co	ontribution.   11.  TITLE NAME COO	Added to Fees  ADDITIONS/CHANGE  D  ASKA LISA	Florida Depar	tment of St	10
10.	OFFICERS AND	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGE  D  MSKY, Lisa DISW87ct	Florida Depar	tment of St	10
10. TITLE NAME STREET ADDRESS	OFFICERS AND PD GONSKY, LISA 7001 SW 87 CT	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP	Added to Fees  ADDITIONS/CHANGE  D  MSKY, LISA  DISW 87CH  GVNI, FL 3314	Florida Depar	tment of St	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Added to Fees  ADDITIONS/CHANGE  DISKY, LISA DISW87CH  GMI, FL 3314  dina, ASCEL	Florida Depar	tment of St RECTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL 7001 SW 87 CT	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS TO THE TITLE NAME STREET ADDRESS TO THE TITLE	Added to Fees  ADDITIONS/CHANGE  DISW 87CH  GVAI, FL 3317  CINA, ASCEL  OI SW 8,7 CH	Florida Depar	tment of St RECTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  M.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  M.	Added to Fees  ADDITIONS/CHANGE  DISKY LISA  DISW 87CH  GMI, FL 33IF  dina, ASCEL  OI SW 87 CH  IAMIN FL 3	Florida Depar	tment of St RECTORS IN ☑ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL 7001 SW 87 CT MIAMI, FL 33173 TD KEELER, GRACE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Added to Fees  ADDITIONS/CHANGE  DISW 87CH  GINA, FL 3317  CIONA, ASCEL  OI SW 87 CH	Florida Departs TO OFFICERS AND DI	tment of St RECTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL 7001 SW 87 CT MIAMI, FL 33173 TD KEELER, GRACE 7001 SW 87 CT	Trust Fund Co	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees  ADDITIONS/CHANGE  DISW87CH  GING, FL 33FL  GINA, ASCEL  OISW87CH  OISW87CH  COISW87CH  COISW87CH  COISW87CH  COISW87CH  COISW87CH  COISW87CH	Florida Depar	tment of St RECTORS IN ☑ Change	Addition Addition
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10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DEFICERS AND PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173 SD MEDINA, AYCEL 7001 SW 87 CT MIAMI, FL 33173 TD KEELER, GRACE 7001 SW 87 CT MIAMI, FL 33173 VPD MAYDA, SABLON 7001 SW 87 CT MIAMI, FL 33173	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGE  DISW 87CH  GMI, FL 3316  OI SW 87 CH  JOHN FL 3  CHANGE  OI SW 87 CH  OUT SW 87 CH	Florida Department of the Control of	tment of St  RECTORS IN  Change  Change  Change	Addition  Addition  Addition
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12. I hereby certify that the information supplied with this fiting 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

04/24/06

(305) 553-9731