

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 749437 1. Entity Name GROVE VIEW GARDEN HOMES ASSOCIATION, INC.					
Principal Place of Business 3475 SW 1 AVE #17 MIAMI, FL 33145 US			Mailing Address P.O. BOX 440067 MIAMI, FL 33144 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-SIAM, FRANK 7001 SW 87 CT MIAMI, FL 33173				7. Name and Address of New Registered Agent Name <u>Unlimited Property Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>7655 NW 50ST</u> City <u>MIAMI</u> FL Zip Code <u>33166</u>	
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 <u>[Signature]</u> DATE <u>04/24/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		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	PD GONSKY, LISA 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Gonsky, Lisa 7001 SW 87 CT Miami, FL 33173	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDINA, AYCEL 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Medina, Aycel 7001 SW 87 CT Miami, FL 33173	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEELER, GRACE 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Keeler, Grace 7001 SW 87 CT Miami, FL 33173	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYDA, SABLON 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Yancy Bernal 7001 SW 87 CT Miami, FL 33173	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUSCILLO, LENNY 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D Muscillo, Lenny 7001 SW 87 CT Miami, FL 33173	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>LISA GONSKY</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>04/24/06</u> Daytime Phone # <u>(305) 553-9731</u>		