2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 749437

Entity Name: GROVE VIEW GARDEN HOMES ASSOCIATION, INC.

Current Principal Place of Business:

3475 SW 1 AVE #17
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 440067
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 59-2054358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNLIMITED PROPERTY MGMT
7655 NW 50ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: GONSKY, LISA
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete
Name: MEDINA, AYCEL
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: KEELER, GRACE
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: D (X) Delete
Name: MUSCILLO, LENNY
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Delete
Name: BERNAL, YANCY
Address: 7001 SW 87 CR
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IVERS, JOHN PD
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Change ( ) Addition
Name: MEDINA, AYCEL SD
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Change ( ) Addition
Name: MUSCILLO, LENNY TD
Address: 7001 SW 87 CT
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN IVERS PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date