

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749437

FILED  
Apr 20, 2009  
Secretary of State

**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:**

3475 SW 1 AVE  
MIAMI, FL 33145 US

**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: PD ( ) Delete  
Name: IVERS, JOHN PD  
Address: 7001 SW 87 CT  
City-St-Zip: MIAMI, FL 33173

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: IVERS, JOHN PD  
Address: 7655 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166

Title: SD (X) Change ( ) Addition  
Name: MEDINA, AYCEL SD  
Address: 7655 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166

Title: TD (X) Change ( ) Addition  
Name: MUSCILLO, LENNY TD  
Address: 7655 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166

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

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date