

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90490 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 749437					
1. Entity Name GROVE VIEW GARDEN HOMES ASSOCIATION, INC.					
Principal Place of Business 420 S DIXIE HWY #2K CORAL GABLES, FL 33146 US		Mailing Address 420 S DIXIE HWY #2K CORAL GABLES, FL 33146 US			
2. Principal Place of Business 3475 SW 1 Ave #17 Suite, Apt. #, etc.		3. Mailing Address 1450 Coral Way, #1 Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL			
Zip 33145	Country Miami-Dade	Zip 33145-2856	Country Miami-Dade	4. FEI Number 59-2054358	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MUSCILLO, MARYLOU 3475 SW 1ST AVE, #7 MIAMI, FL 33145				7. Name and Address of New Registered Agent ROBERT VALLEDOR Street Address (P.O. Box Number is Not Acceptable) 1450 CORAL WAY City MIAMI FL Zip Code 33145	
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 _____ Signature, typed or printed name of registered agent and filer if applicable DATE 4/14/03 (NOTE: Registered Agent Signature required when re-statuting)					
FILE NOW: FEES \$61.25		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 MUSCILLO, MARYLOU 3475 SW 1ST AVE, #7 MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Gonsky Pres. 3475 SW 1 Ave #17 Miami, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOZARTH, CRAIG 3475 SW 1ST AVE, #1 MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISD KELLER, KEVIN 3475 SW 1 AVE, #4 MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres & Director Grace Keeler 3480 Main Highway, Miami FL 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEINZELMANN, JOY 1886 BRICKELL AVE, A-1510 MIAMI, FL 33129	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / Director Marlene Bramble 235 Marshall Way Auburn, CA 95603	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director Milton Vickers 7946 NW 162 St, Miami, FL 33016	☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/14/03 Phone # 305 858-2998		

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)