2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90342 016 ****61.25

DOCUMENT # 752144

1. Entity Name

GROVE PARADISE CONDOMINIUM, INC.

50040315

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
3202 WEST TRADE AVENUE MIAMI FL 33133 US	C/O UNLIMITED MANAGEMENT P.O. BOX 440067 MIAMI FL 33144

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2165081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS
11890 SW 8 STREET SUITE 301
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name: Frank Perez-Siam
Street Address (P.O. Box Number is Not Acceptable): 7001 SW 87 Ct
City: Miami **FL** Zip Code: 33173

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: Frank Perez 04/06/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	VPD ALVAREZ, MARLENE 3232 WEST TRADE AVENUE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D ALVAREZ, Marlen 7001 SW 87 Ct Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YALE, ANDREW 3231 BIRD AVENUE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D YALE, Andrew 7001 SW 87 Ct Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSTRZEWSKI, WILLIAM 3204 WEST TRADE AVENUE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KOSTRZEWSJI, William 7001 SW 87 Ct Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMUINA, JEFF 2050 CORAL WAY #513 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D ALMUINA, Jeff 7001 SW 87 Ct Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRIN, DAVID 3212 WEST TRADE AVENUE MIAMI FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D TRAPP, Steven 7001 SW 87 Ct Miami, Fl. 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATRICK, JOYCE 3223 BIRD AVENUE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D JOYCE, Patrick 7001 SW 87 Ct Miami, Fl. 33173	☒ 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] 4/5/05 (305) 553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #