

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 017 ****61.25

DOCUMENT # 752144 1. Entity Name GROVE PARADISE CONDOMINIUM, INC.					
Principal Place of Business 3202 WEST TRADE AVENUE MIAMI, FL 33133 US			Mailing Address C/O UNLIMITED MANAGEMENT P.O. BOX 440067 MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>C/O The 12 Houses Prop Mgmt</i> Suite, Apt. #, etc. <i>PO Box 412756</i>		03012006 Chg-NP CR2E037 (11/05)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2165081	
Zip 33245		Country USA		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 <i>The 12 Houses Prop Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) PO Box <i>1997 SW 1ST</i> City <i>MIAMI</i> FL Zip Code <i>33135</i>		
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 <i>Jose Doc E</i> <i>Doc</i> <i>3-8-06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 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	VPD ALVAREZ, MARLENE 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ☒ Change ☐ Addition MARLENE ALVAREZ 3232 W TRADE AVE #15 COCONUT GROVE FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD YALE, ANDREW 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition ANDREW YALE 3231 BIRD AVE #14-6 COCONUT GROVE FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KOSTRZEWSKI, WILLIAM 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD ☒ Change ☐ Addition WILLIAM KOSTRZEWSKI P.O. Box 012193 MIAMI FL 33101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALMUINA, JEFF 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ☒ Change ☐ Addition JEFF ALMUINA 2000 CORAL WAY STE 13 MIAMI FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRAPP, STEVEN 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition STEVEN TRAPP 3222 W TRADE AVE #111-1 COCONUT GROVE FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOYCE, PATRICK 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition PATRICK JOYCE 3223 BIRD AVE #14-2 COCONUT GROVE FL 33133	
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: <i>Stephen Trapp</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3-8-06</i> Daytime Phone # <i>786-412-3545</i>		