
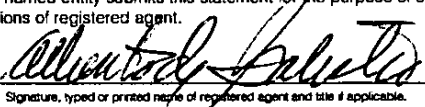
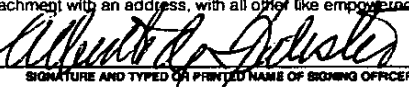


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90176 025 \*\*\*\*61.25

<b>DOCUMENT # 768120</b> 1. Entity Name GROVE ESTATES CONDOMINIUM ASSOCIATION, INC.																																																																																																																					
Principal Place of Business 10940 S.W. 7 ST. #101 MIAMI, FL 33174			Mailing Address 10940 S.W. 7 ST. #101 MIAMI, FL 33174																																																																																																																		
2. Principal Place of Business			3. Mailing Address																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																		
City & State			City & State																																																																																																																		
Zip		Country		Zip																																																																																																																	
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4. FEI Number 65-0180230				Applied For <input type="checkbox"/> Not Applicable																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent  DEGalISTEO, ALBERTO 10940 S.W. 7 ST #101 MIAMI, FL 33174				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/2005																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																	
Make check payable to Florida Department of State																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">TD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEGalISTEO, ALBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10940 S.W. 7 STREET #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROUCO, ANTONIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10940 S.W. 7 STREET #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORUGEDO, LUPE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10940 S.W. 7 STREET #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIPPERT, WINSTON K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10930 S.W. 7 ST #206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QUINTANA, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>740 S.W. 109TH AVE #311</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33174</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>S/D Jenny Guerra</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10930 S.W. 7 St. # 210</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33174</td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	TD	<input type="checkbox"/> Delete	NAME	DEGalISTEO, ALBERT		STREET ADDRESS	10940 S.W. 7 STREET #101		CITY-ST-ZIP	MIAMI, FL		TITLE	PD	<input type="checkbox"/> Delete	NAME	ROUCO, ANTONIO		STREET ADDRESS	10940 S.W. 7 STREET #102		CITY-ST-ZIP	MIAMI, FL		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	CORUGEDO, LUPE		STREET ADDRESS	10940 S.W. 7 STREET #107		CITY-ST-ZIP	MIAMI, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	LIPPERT, WINSTON K		STREET ADDRESS	10930 S.W. 7 ST #206		CITY-ST-ZIP	MIAMI, FL 33174		TITLE	D	<input type="checkbox"/> Delete	NAME	QUINTANA, ROBERTO		STREET ADDRESS	740 S.W. 109TH AVE #311		CITY-ST-ZIP	MIAMI, FL 33174		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	S/D Jenny Guerra	STREET ADDRESS	10930 S.W. 7 St. # 210	CITY-ST-ZIP	Miami, FL 33174	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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:  Alberto De Galisteo 4/20/05 (305) 220-5884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																					