

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90420 013 \*\*\*\*61.25

**DOCUMENT # 768120**

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**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0180230**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEGALISTEO, ALBERTO  
10940 S.W. 7 ST #101  
MIAMI, FL 33174**

**DO NOT WRITE  
IN THIS SPACE**

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

*Alberto de Galisteo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**4/25/2006**

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DEGALISTEO, ALBERT  
10940 S.W. 7 STREET #101  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROUCO, ANTONIO  
10940 S.W. 7 STREET #102  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GUERRA, JENNY  
10930 SW 7TH ST # 210  
MIAMI, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LIPPERT, WINSTON K  
10930 S.W. 7 ST #206  
MIAMI, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
QUINTANA, ROBERTO  
740 S.W. 109TH AVE #311  
MIAMI, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 817, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/06**  
**(305) 220-5684**