

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90221 033 ****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**

60042818



DO NOT WRITE IN THIS SPACE

04122007 No Chg-NP

CR2E037 (4/06)

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**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2007

**Filing Fee is \$61.25
Due by May 1, 2007**

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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alberto Degalistero Alberto Degalistero 4/25/07 (305) 220-5684