


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

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

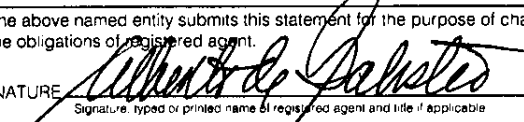


03242008 No Chg-NP CR2E037 (4/06)

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
--

DO NOT WRITE IN THIS SPACE

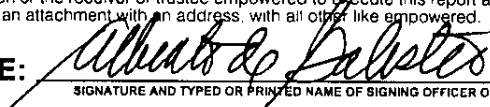
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 4/1/2008

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

U00000881646
04/16/08-80010-003 61.25

DO NOT WRITE 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 like empowered.	
SIGNATURE:  Alberto de Galister 4/1/08 (205) 220-5684	Treasurer Date Daytime Phone #