2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003125

FILED Apr 13, 2006 Secretary of State

Entity Name: BEST OF GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3260 ALLAMANDA ST 3256 ALLAMANDA ST MIAMI, FL 33133 US MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

3260 ALLAMANDA ST 3256 ALLAMANDA ST MIAMI, FL 33133 MIAMI, FL 33133

FEI Number: 65-1089613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BOSCHETTI, JOSE PINELLI, GREGORY 2159 CORAL WAY, STE. 8 3256 ALLAMANDA ST MIAMI, FL 33145 MIAMI, FL 33133

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.

SIGNATURE: GREGORY PINELLI 04/13/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

DP () Delete BOSCHETTI, JOSE PINELLI, GREGORY Name: Name: 3260 ALLAMANDA ST Address: 3256 ALLAMANDA ST Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33133 US

Title: DV Title: DV (X) Change () Addition () Delete Name: PINELLI, MIKE Name: LOPEZ, TANYA

Address: 3256 ALLAMANDA Address: 3260 ALLAMANDA City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

Title: DS () Delete Title: DS (X) Change () Addition PINELLI, GREG Name: PINELLI, GARY Name:

3256 ALLAMANDA STREET 3256 ALLAMANDA STREET Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY PINELLI DP 04/13/2006