


PLEASE READ ALL INSTRUCTIONS BEFORE COI

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 029 ****61.25

CORPORATION
REINSTATEMENT
 2006 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000001794

1. Corporation Name

Grove Courtview Condo Assoc. Inc.

50005296

2. Principal Office Address 3288 Giffard Lane		3. Mailing Office Address 3280 Giffard Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country U	Zip 33133	Country US

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Edward Hera Id		
Street Address (P.O. Box Number is Not Acceptable) 3280 Giffard Lane		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

(Signature)

REGISTERED AGENT MUST SIGN

Date 3/1/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Cynthia Pintzow	3288 Giffard Lane	Miami, FL 33133
TD	Edward Hera Id	3280 Giffard Lane	Miami, FL 33133
SD	Samantha Halsey	3288 Giffard Lane	Miami, FL 33133

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/06

Daytime Phone # 305 529 1664

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

50005296

DOCUMENT # N01000001794					
1. Entity Name GROVE COURTVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3288 GIFFORD LANE MIAMI, FL 33133			Mailing Address 3288 GIFFORD LANE MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERALD, EDWARD 3280 GIFFORD LANE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTZON, CYNTHIA 3288 GIFFORD LANE MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERALD, EDWARD 3280 GIFFORD LANE MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALSEY, SAMANTHA 3288 GIFFORD LANE MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edward Herald</i>			Edward Herald		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/20/06		
<small>Daytime Phone #</small> 305.785.3269					



ATTACHMENT

50005296

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

GROVE COURTVIEW CONDOMINIUM ASSOCIATION, INC.
3288 GIFFORD LANE
MIAMI, FL 33133

SUBJECT: GROVE COURTVIEW CONDOMINIUM ASSOCIATION, INC.
Ref. Number: NO1000001794

We have received your document for GROVE COURTVIEW CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$175.00. However, your check(s) and document are being returned for the following:

Check is in the wrong amount.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Debra S Cooper
Document Specialist

Letter Number: 406A00016489