2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001794

1. Entity Name
GROVE COURTVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3288 GIFFORD LANE MIAMI, FL 33133	3288 GIFFORD LANE MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

01132007 No Chg-NP   CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HERALD, EDWARD
3280 GIFFORD LANE
MIAMI, FL 33133

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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

Filing Fee Is $61.25 **Due by May 1, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000589185 01/18/07-80005-008 61.25

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINTZON, CYNTHIA
STREET ADDRESS	3288 GIFFORD LANE
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	TD
NAME	HERALD, EDWARD
STREET ADDRESS	3280 GIFFORD LANE
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	SD
NAME	HALSEY, SAMANTHA
STREET ADDRESS	3288 GIFFORD LANE
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/13/07   305 785.3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #