

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N01136

Entity Name: GROVE PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% THEODORA LONG  
901 N.W. 14TH COURT  
MIAMI, FL 33125

**New Principal Place of Business:**

THEODORA LONG  
901 N.W. 14TH COURT  
MIAMI, FL 33125

**Current Mailing Address:**

% THEODORA LONG  
901 N.W. 14TH COURT  
MIAMI, FL 33125

**New Mailing Address:**

THEODORA LONG  
901 N.W. 14TH COURT  
MIAMI, FL 33125

FEI Number: 59-2430414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LABORA, ALEXANDER J  
1645 N.W. 8TH STREET  
MIAMI, FL 33125      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LONG, THEODORA  
Address: 901 N.W. 14TH COURT  
City-St-Zip: MIAMI, FL 33125

Title: VD      ( ) Delete  
Name: WHITE-LABORA, DEBORAH  
Address: 1645 N.E. 8TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: SD      ( ) Delete  
Name: PARKS, KATHERINE  
Address: 1621 NW SO RIVER DR  
City-St-Zip: MIAMI, FL 33125

Title: TD      ( ) Delete  
Name: ALVEREZ, PEDRO  
Address: 1646 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33125

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THEODORA LONG

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date