

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90029 012 ****61.25

DOCUMENT # N02000008669 1. Entity Name GROVE VIEW CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 2550 SW 27TH AVE MIAMI, FL 33133		Mailing Address 145 MADEIRA AVENUE SUITE 206 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 2550 SW 27TH AVE.		3. Mailing Address 1100 EL RAOO	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State CORAL GABLES, FL	
Zip 33133		Zip 33134	
Country USA		Country USA	
4. FEI Number 33-1055743		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 KUSSEROW, SUSANA F 145 NADEIRA AVE SUITE 206 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Susana Shelton Street Address (P.O. Box Number is Not Acceptable) 1100 EL RAOO City MIAMI FL 33133	
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 DATE 2/19/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	NAME BROWN, WILLIAM STREET ADDRESS 2550 SW 27TH AVE, #606 CITY-ST-ZIP MIAMI, FL 33133
TITLE	VD	<input type="checkbox"/> Delete	NAME CHARLES VOLLMER STREET ADDRESS 2550 SW 27TH AVE #706 CITY-ST-ZIP MIAMI, FL 33133
TITLE	TD	<input type="checkbox"/> Delete	NAME PINEDA, JONATHAN STREET ADDRESS 2550 SW 27TH AVE #201 CITY-ST-ZIP MIAMI, FL 33133
TITLE	SD	<input type="checkbox"/> Delete	NAME WILSON, DEBORAH STREET ADDRESS 2550 SW 27TH AVE #701 CITY-ST-ZIP MIAMI, FL 33133
TITLE	D	<input type="checkbox"/> Delete	NAME BU, JESUS STREET ADDRESS 2550 SW 27TH AVE #603 CITY-ST-ZIP MIAMI, FL 33133
TITLE	SD	<input type="checkbox"/> Delete	NAME ROBERT, MICHAEL STREET ADDRESS 2550 SW 27TH AVE CITY-ST-ZIP MIAMI, FL 33133
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME William Brown STREET ADDRESS 2550 SW 27TH AVE. #606 CITY-ST-ZIP MIAMI, FL 33133
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Charles Vollmer STREET ADDRESS 2550 SW 27TH AVE #706 CITY-ST-ZIP MIAMI, FL 33133
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jonathan Pineda STREET ADDRESS 2550 SW 27TH AVE. #201 CITY-ST-ZIP MIAMI, FL 33133
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Eleanor Tinto-Potter STREET ADDRESS 2550 SW 27TH AVE #201 CITY-ST-ZIP MIAMI, FL 33133
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Michael Robert STREET ADDRESS 2550 SW 27TH AVE. #604 CITY-ST-ZIP MIAMI, FL 33133
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: CHARLES VOLLMER <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			
Date 2/19/08		Daytime Phone # 305-775-0261	