

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008669

FILED
Mar 05, 2009
Secretary of State

Entity Name: GROVE VIEW CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

2550 SW 27TH AVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1100 EL RODO
CORAL GABLES, FL 33134

New Mailing Address:

P.O. BOX 14-1857
CORAL GABLES, FL 33114

FEI Number: 33-1055743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, SUSANA
1100 EL RADO
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SHELTON, SUSANA
1100 EL RADO
MIAMI, FL 33134 US

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:

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, WILLIAM
Address: 2550 SW 27TH AVE, #606
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: VOLLMER, CHARLES
Address: 2550 SW 27TH AVE, #706
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: PINEDA, JONATHAN
Address: 2550 SW 27TH AVE, #201
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: TINTO-POTTIER, ELEONOR
Address: 2550 SW 27TH AVE, #206
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MICHAEL, ROBERT
Address: 2550 SW 27TH AVE, #604
City-St-Zip: MIAMI, FL 33133

Title: SD (X) Delete
Name: ROBERT, MICHAEL
Address: 2550 SW 27TH AVE
City-St-Zip: MIAMI, FL 33133

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:

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: ELEANOR TINTO-POITIER

S

03/05/2009

Electronic Signature of Signing Officer or Director

Date