

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 009 ****61.25

DOCUMENT # N03000005481					
1. Entity Name GROVE WAY CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145			Mailing Address 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1430 NW 15 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 20-1319799	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33125		Country US		01282008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent COLON, JUAN JOSE 2400 SW 27TH AVE LOBBY BOX MIAMI, FL 33145			7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102 City Coral Gables FL 33134		
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 SKRLD, Inc. by , Secretary <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, 2008		9. Election Campaign Financing <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 P NAME NOVER, MITCHELL STREET ADDRESS 2400 SW 27TH AVE LOBBY BOX CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mitchell Nover STREET ADDRESS 1430 NW 15 Avenue, Miami, FL 33125 CITY-ST-ZIP		
TITLE S NAME MARTINEZ, OMAR STREET ADDRESS 2400 SW 27TH AVE LOBBY BOX CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Omar Martinez STREET ADDRESS 1430 NW 15 Avenue, Miami, FL 33125 CITY-ST-ZIP		
TITLE T NAME COLON, JUAN JOSE STREET ADDRESS 2400 SW 27TH AVE LOBBY BOX CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Juan Jose Colon STREET ADDRESS 1430 NW 15 Avenue, Miami, FL 33125 CITY-ST-ZIP		
TITLE D NAME RAMOS, MANUEL STREET ADDRESS 2400 SW 27TH AVE LOBBY BOX CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SANY SOLTURA STREET ADDRESS 1430 NW 15 AVE, MIAMI, FL 33125 CITY-ST-ZIP		
TITLE D NAME SOLTURA, SANY STREET ADDRESS 2400 SW 27TH AVE LOBBY BOX CITY-ST-ZIP MIAMI, FL 33145	<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: Juan Jose Colon SANY SOLTURA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					