

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005481

FILED
May 07, 2009
Secretary of State

Entity Name: GROVE WAY CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

2400 SW 27TH AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1430 NW 15 AVENUE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 20-1319799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOVER, MITCHELL
Address: 1430 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: S () Delete
Name: MARTINEZ, OMAR
Address: 1430 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: T () Delete
Name: COLON, JUAN JOSE
Address: 1430 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete
Name: SOLTURA, SANY
Address: 1430 NW 15 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: CRISPI, MARC RICHARD
Address: 1430 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33125

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: MITCHELL NOVER

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date