

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 05, 2009
Secretary of State

DOCUMENT# N04000002179

Entity Name: GROVE CREEK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1495 NORTH PARK DRIVE
WESTON, FL 33326**New Principal Place of Business:****Current Mailing Address:**1495 NORTH PARK DRIVE
WESTON, FL 33326**New Mailing Address:****FEI Number:** 20-0814132**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THE LAW OFFICE OF LAWRENCE D. BACHE
9000 WEST SHERIDAN ST.
#174
PEMBROKE PINES, FL 33024 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: P () Delete
Name: PLESCIA, NANETTE
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: T/D () Delete
Name: PEREDO, MICHAEL
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: ALLEGUE, LOURDES
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: VP/D (X) Delete
Name: PEREZ, FRANCISCO
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PLESCIA, NANETTE
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: PD (X) Change () Addition
Name: GLOBERMAN, DAVID
Address: 1495 N PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VPTD (X) Change () Addition
Name: MARTELLO, MATTHEW
Address: 1495 N PARK DRIVE
City-St-Zip: WESTON, FL 33326

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: NANETTE PLESCIA

S

06/05/2009

Electronic Signature of Signing Officer or Director_____
Date