

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N05000006541**

1. Entity Name  
GROVELOFT CONDOMINIUM ASSOCIATION, INC.



FILED

07 JAN 18 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3062-3072 BIRD AVE.  
COCONUT GROVE, FL 33133

Mailing Address  
3062-3072 BIRD AVE.  
COCONUT GROVE, FL 33133

2. Principal Place of Business  
3062 Bird Ave  
Suite, Apt. #, etc.

3. Mailing Address  
9330 Fontainebleau Blvd  
Suite, Apt. #, etc.

City & State  
Coconut Grove FL

City & State  
Miami, FL

Zip  
33133

Country  
USA

Zip  
33172

Country  
USA



10062006 REIN NP OR EO 9/11/05  
**REINSTATEMENT**  
204796368  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
PALMIERI, THOMAS J  
340 MINORCA AVE., SUITE ONE  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name  
VTS Management Inc  
Street Address (P.O. Box Number is Not Acceptable)  
9330 Fontainebleau Blvd  
City  
Miami FL Zip Code  
33172

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 1/3/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARA, RICARDO 2100 NW 99TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINCON, JUAN DIEGO 1986 NW 82ND AVE. MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALBERTO 2100 NW 99TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nikolic, Kristina 3062 Bird Ave Unit B-4 Coconut Grove, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Moleland Douglas Vincent 3062 Bird Ave Unit B-3 Coconut Grove, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rincon Roberto 1990 NW 82nd Ave Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082813247 12/28/06--01010--005 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ALBERTO RODRIGUEZ 1986 NW 82nd Ave MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082813247 01/23/07--01020--019 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ DATE 10/11/06 (305) 9147666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR