

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 17 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008171
 1. Entity Name
 CITY VIEW BY THE GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2441SW31STAVENUE MIAMI, FL 33133
 Mailing Address: 2441SW31STAVENUE MIAMI, FL 33133



2. Principal Place of Business: 13200 SW 128 St
 Suite, Apt. #, etc.: B2
 3. Mailing Address: 13200 SW 128 St
 Suite, Apt. #, etc.: SUITE B2

04122006 Chg-NP CR2E037 (11/05)

City & State: Miami FL
 Zip: 33186 Country: USA

4. FEI Number: Applied For / Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 BALOYRA, JOSE L ESQ
 THE GROVE PROFESSIONAL BUILDING
 2950 SW 27TH AVE SUITE 300
 MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: JOSE BALOYRA
 DATE: 4/10/2006

Filing Fee is \$61.25 Due by May 1, 2006
 9. Election Campaign Financing Trust Fund Contribution: \$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: PD NAME: MEDEROS, JORGE STREET ADDRESS: 9210 SW 72ND STREET SUITE 103 BLDG 5 CITY-ST-ZIP: MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: MEDEROS, ZANDRA STREET ADDRESS: 9210 SW 72ND STREET SUITE 103 BLDG 5 CITY-ST-ZIP: MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FORTUNY, RAFAEL STREET ADDRESS: 9210 SW 72ND STREET SUITE 103 BLDG 5 CITY-ST-ZIP: MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employed.
 SIGNATURE: J. Mederos
 DATE: 4/10/2006
 DAYTIME PHONE: 305-271-9250