

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012250

FILED
Apr 28, 2006
Secretary of State

Entity Name: GROVE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
1ST FLOOR
MIAMI, FL 33134

New Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
MIAMI, FL 33134

Current Mailing Address:

1200 PONCE DE LEON BOULEVARD
1ST FLOOR
MIAMI, FL 33134

New Mailing Address:

1200 PONCE DE LEON BOULEVARD
MIAMI, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSCHETTI, LUIS
1200 PONCE DE LEON BOULEVARD
1ST FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAULIN, KURT A
1200 PONCE DE LEON BOULEVARD
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: KURT A. RAULIN

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALLARD, TROY
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: BOSCHETTI, LUIS
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: ARANGO, GLORIA
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALLARD, TROY
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: BOSCHETTI, LUIS R
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: ARANGO, GLORIA
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS R. BOSCHETTI

VD

04/28/2006

Electronic Signature of Signing Officer or Director

Date