

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2012  
Secretary of State**

DOCUMENT# N05000012250

**Entity Name:** GROVE VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1825 PONCE DE LEON BOULEVARD  
SUITE 117  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BOULEVARD  
SUITE 117  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4807406      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, CARLA A ESQ  
1999 SW 27TH AVENUE  
1ST FLOOR  
MIAMI, FL 33145 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:** PD  
**Name:** FERNANDEZ-MASCARO, GUILLERMO  
**Address:** 3204 BIRD AVENUE # 110  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** VPD  
**Name:** MARTINEZ, RAFAEL  
**Address:** 3204 BIRD AVENUE #113  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** S  
**Name:** KAY, JORDAN C.  
**Address:** 3204 BIRD AVENUE #103  
**City-St-Zip:** COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: GUILLERMO FERNANDEZ-MASCARO

PD

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date