

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90026 038 ****61.25

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1. Entity Name
**GROVE GARDEN RESIDENCES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3225 FRANKLIN AVE
MIAMI, FL 33133**

Mailing Address
**11981 SW 144TH CT STE 201
MIAMI, FL 33186**

40018637



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-4852159

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALWANI, RAJESH
1717 N BAYSHORE DR SUITE 102
MIAMI, FL 33132**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME FALSETTO, GINO
STREET ADDRESS 1717 N BAYSHORE DR SUITE 102
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☒ Change ☐ Addition
NAME 3225 FRANKLIN AVENUE
STREET ADDRESS MIAMI, FLORIDA 33133
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FALSETTO, MICHAEL
STREET ADDRESS 1717 N BAYSHORE DR SUITE 102
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☒ Change ☐ Addition
NAME 3225 FRANKLIN AVENUE
STREET ADDRESS MIAMI, FLORIDA 33133
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KALWANI, RAJESH
STREET ADDRESS 1717 N BAYSHORE DR SUITE 102
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☒ Change ☐ Addition
NAME STD
STREET ADDRESS SIGUEL BERNARD
CITY-ST-ZIP 3225 FRANKLIN AVENUE
MIAMI, FLORIDA 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bernard Siguel 1/25/08 205-648-0094