2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005760

FILED Jan 15, 2008 Secretary of State

Entity Name: GROVELAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8390 WEST FLAGLER STREET 8855 SW 27 ST SUITE 213 MIAMI, FL 33165

MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8390 WEST FLAGLER STREET 8855 SW 27 ST SUITE 213 MIAMI, FL 33165

SUITE 213 MIAMI, FL 33144

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

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

APARICIO, LUIS
8390 WEST FLAGLER STREET
8855 SW 27 ST
SUITE 213
8855 SW 27 ST
MIAMI, FL 33165
US

SUITE 213 MIAMI, FL 33165 MIAMI, FL 33144 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: 01/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CURBELO, ROBERT
 Name:
 CURBELO, ROBERT

 Address:
 8390 WEST FLAGLER STREET, SUITE 213
 Address:
 8855 SW 27 ST

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33165

Title: D () Delete Title: D (X) Change () Addition

 Name:
 APRAICIO, LUIS
 Name:
 APRAICIO, LUIS

 Address:
 8390 WEST FLAGLER STREET, SUITE 213
 Address:
 8855 SW 27 ST

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33165

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MORELLI, EMMA
 Name:
 MORELLI, EMMA

 Address:
 8390 WEST FLAGLER STREET, SUITE 213
 Address:
 8855 SW 27 ST

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify 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 APARICIO D 01/15/2008