

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90038 050 \*\*\*\*61.25

**DOCUMENT # N23351**

1. Entity Name

**CALIFORNIA GROVE HOMES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**20038 NE 6TH COURT CIRCLE  
NORTH MIAMI BEACH FL 33179  
US**

**P.O. BOX 69-5200  
MIAMI FL 33269**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0052281**

Applied For

Not Applicable

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

**TUNINSKAYA, GALINA  
20001 NE 6TH COURT CIRCLE  
NORTH MIAMI BEACH FL 33179**

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

*4/18/07*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE: PD ☐ Delete  
NAME: JAN, BAK C  
STREET ADDRESS: 20034 NE 6 CT CIR  
CITY-ST-ZIP: N MIAMI BEACH FL 33179

TITLE: D ☐ Delete  
NAME: DORVIL, JACK  
STREET ADDRESS: 20020 NE 6TH CT CIRCLE  
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179

TITLE: D ☐ Delete  
NAME: TUNINSKAYA, GALINA  
STREET ADDRESS: 20001 NE 6 CT CIR  
CITY-ST-ZIP: N MIAMI BCH FL 33179

TITLE: PD ☐ Delete  
NAME: BIANCHI, MARIANO  
STREET ADDRESS: 20017 NE 6TH CT CIRCLE  
CITY-ST-ZIP: MIAMI FL 33179

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☐ Change ☒ Addition  
NAME: Beamer, monica  
STREET ADDRESS: 20003 NE 6 CT CIR, NMIAMI FL 33179  
CITY-ST-ZIP:

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

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

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

TITLE: ☐ Change ☐ Addition  
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 Section 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 #

*Galina Tuninskaya 4/18/07 (305) 821-1677*