
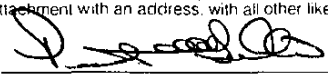


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90043 033 \*\*\*\*61.25

<b>DOCUMENT # N92000000429</b> 1. Entity Name <b>GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC</b> <b>1145 SAWGRASS CORP PKWY</b> <b>SUNRISE, FL 33323 US</b>			Mailing Address <b>C/O MIAMI MANAGEMENT, INC</b> <b>1145 SAWGRASS CORP PKWY</b> <b>SUNRISE, FL 33323 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0416822</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALVIN ENTIN, P.A.</b> <b>110 SE 6 ST</b> <b>FT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>C/O PETER GULLO, PETER</b> 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GREENBERG, STUART</b> 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>POLONIECKI, CAROL</b> 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BAKMAN, ROGER</b> 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KUBILIUN, DAVID</b> 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CK#100 CK DATE 1/24 MAIL DATE  
**40017942**



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0416822**

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD C/O PETER GULLO, PETER 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SD POLONIECKI, CAROL 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD BAKMAN, ROGER 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D KUBILIUN, DAVID 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

TITLE NAME STREET ADDRESS CITY-ST-ZIP

(Empty)

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

2/6/07 (959) 473-3819