

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000429

FILED
Apr 16, 2009
Secretary of State

Entity Name: GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0416822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND ROAD, STE. 540
PLANTATION, FL 33324 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 () Delete
Name: GULLO, PETER
Address: 1145 SAWGRASS CORPORATE PAKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: GREENBERG, STUART
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: POLONIECKI, CAROL
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: BAKMAN, ROGER
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: KUBILIUN, DAVID
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BAKERMAN, ROGER
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER GULLO

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date