


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 010 ****61.25

DOCUMENT # N94000006009 1. Entity Name THE GROVES AT OLD CUTLER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134 US			Mailing Address 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0715094				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORAN, WILLIAM T 95 MERRICK WAY, STE 610 CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME THOMPSON, MICHAEL STREET ADDRESS 8128 SW 172ND TERRACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Mr. Robert J. Wood (BJ) STREET ADDRESS 8082 SW 173rd Ter CITY-ST-ZIP Palmetto Bay, FL 33157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME KESTI, MICHAEL STREET ADDRESS 8161 SW 170TH TERRACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE V. NAME MR. CARY R. SOCHIN STREET ADDRESS 8080 SW 172nd TERRACE CITY-ST-ZIP PALMETTO BAY, FL - 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE I NAME WOOD, PAT STREET ADDRESS 8082 SW 473RD TERRACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE T NAME MR. JOHN FUGEDY STREET ADDRESS 8289 SW 173RD TERRACE CITY-ST-ZIP PALMETTO BAY, FL - 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHAVIANO, JOSEFINA (Josie) STREET ADDRESS 8210 SW 173RD CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE S NAME MRS LAUREL SCHWARTZ STREET ADDRESS 8166 SW 171st TERRACE CITY-ST-ZIP PALMETTO BAY FL - 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DANE, WILLIAM STREET ADDRESS 8204 SW 171ST STREET CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE D NAME MR WILLIAM DAVE (Bill) STREET ADDRESS 8204 SW 171st STREET CITY-ST-ZIP PALMETTO BAY, FL - 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEITE-VIDAL, MARIO STREET ADDRESS 17116 SE 82ND CT CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE D NAME MR. DAN MAZZORANA STREET ADDRESS 8256 SW 173rd TERRACE CITY-ST-ZIP PALMETTO BAY, FL. 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: R. J. Wood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/25/06 Daytime Phone # 786-258-6153		