



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90028 029 \*\*\*\*61.25

<b>DOCUMENT # N94000006009</b>					
<b>1. Entity Name</b> THE GROVES AT OLD CUTLER HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134 US			<b>Mailing Address</b> 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0715094	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GORAN, WILLIAM T 95 MERRICK WAY, STE 610 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>3. Election Campaign Financing</b> <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>		
<b>TITLE</b> P <b>NAME</b> WOOD, ROBERT J <b>STREET ADDRESS</b> 8082 SW 173RD TER <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> PRES Paul Quintall 1733 SW 82 Place Palmetto Bay 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SOCHIN, GARY R <b>STREET ADDRESS</b> 8080 SW 172ND TER <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V. PRES Robert J. Wood R.J. Wood	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FUGEDY, JOHN <b>STREET ADDRESS</b> 8289 SW 173RD TER <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> TREASURER Bradley G. Walker 8081 SW 172 Terrace Palmetto Bay 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SCHWARTZ, LAUREL <b>STREET ADDRESS</b> 8166 SW 1771ST TERR <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> SECRET Jana Mornale 8081 SW 173 Terrace Palmetto Bay FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DAYE, WILLIAM <b>STREET ADDRESS</b> 8204 SW 171ST STREET <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MAZZORANA, DAN <b>STREET ADDRESS</b> 8250 SW 173RD TERR <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>Robert J Wood</i> Robert J Wood			3-10-2008    786-293-6964		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		