

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000003261

1. Entity Name  
GROVE PLAZA MASTER PROPERTY OWNER'S  
ASSOCIATION, INC.



Principal Place of Business  
901 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH, FL 33407

Mailing Address  
901 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH, FL 33407



02262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3536345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BACKER, KEITH F ESQ.  
SUITE 420  
400 SOUTH DIXIE HWY  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000906926  
05/05/08-80017-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP LUPO, JACK 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S GOLDSTEIN, DALE 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P DASZKAL, DAVID 3900 HYPOLUXO ROAD BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T CIRrito, DONALD E 5014 NORTH US HWY 1 FORT PIERCE, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 information empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

Date

561.471.5353

Daytime Phone #