

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PH 3:38

**DOCUMENT # 561744 (4)**

1. Corporation Name  
**GROVE ISLE CLUB, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**FOUR GROVE ISLE DR  
COCONUT GROVE FL 33133**

Mailing Address  
**2701 S BAYSHORE DR  
PENTHOUSE  
COCONUT GROVE FL 33133  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/10/1978** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-1907194** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTHSTEN, LAWRENCE I  
2701 S BAYSHORE DR  
PENTHOUSE  
COCONUT GROVE FL 33133**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **WEINER, MAURICE**  
STREET ADDRESS **2701 SO. BAYSHORE DR.**  
CITY - ST - ZIP **COCONUT GROVE FL**

TITLE **PTD**  
NAME **GRAY, LEE**  
STREET ADDRESS **2701 S BAYSHORE DR**  
CITY - ST - ZIP **COCONUT GROVE FL**

TITLE **VPSD**  
NAME **ROTHSTEN, LAWRENCE**  
STREET ADDRESS **2701 S BAYSHORE DR**  
CITY - ST - ZIP **COCONUT GROVE FL**

TITLE **VPAS**  
NAME **CAMAROTTI, CARLOS**  
STREET ADDRESS **2701 S BAYSHORE DR**  
CITY - ST - ZIP **COCONUT GROVE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 or assignee or liquidator or other person authorized to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Carlos Camarotti**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/95 305 854 6803**  
DATE (typed) (typed)