FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 745563

(7)

GROVE ISLE ASSOCIATION, INC.

Principal Place of Business Mailing Address							
ONE GROVE COCONUT G	ISLE DRIVE PROVE FL 33133	ONE GROVE ISLE DRIV COCONUT GROVE FL :	· -				
				3. Date Incorporated or Qualified 01/16/1979	3a. Date of Las 02/02/		
 -	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1875288		Not Applicable	
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip	Country	Z _i p	Country	8. This corporation has liability for in	_ ~ _	s. 199.032.	
24	25	1 Bagletaved Accept	30		Yes No		
,	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent		
HYMAN,	, MICHAEL L.			Address (P.O. Box Number is Not Acceptable	e)		
44 WEST FLAGLER STREET				· ····	0,		
14TH FL	LOOR		83				
MIAMI F	£ 33130		84 City		 8 5	Zıp Code	
			la City			Fith Cooe	
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authorize	ed by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its intment as registere	registered office ad agent. I am	
	Squature, typed or purited name of registered agest	*	f E. Registered Agent signature r				
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	OBS IN 12	
TIT, F	DVT	DELETE	1 1 TITLE		Change	· · · · · · · · · · · · · · · · · · ·	
NAME	GORDON, HAROLD		1.2 NAME		L	_	
STREET ADDRESS	TWO GROVE ISLE DR		1 3 STREET ADDRESS				
CITY - S1 - ZIP	COCONUT GROVE FL		1.4 CITY - ST - ZIP				
TIFLE	DV	DELETE	2 1 TITLE	DP	Change	Addition	
NAME	SYMONS, RALPH		2 2 NAME	SYMONS, RALPH			
STREET ADDRESS	ONE GROVE ISLAE DRIVE		2.3 STREET ADDRESS	ONE GROVE ISLE DRI	VE.		
CITY - ST - ZIP	COCONUT GROVE FL		2 4 CITY - ST - ZIP	COCONUT GROVE FL	·		
TITLE	DS	☐ DELETE	3 1 TITLE		Change	Addition	
NAME	SHEAR, HELENE		3.2 NAME				
STREET ADORESS	THREE GROVE ISLE DRIVE		3 3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL	Florest	34 CITY-ST-ZIP		PM-		
TIBLE	DP DOCEMBLATT BEMADE	DELETE	41 TITLE	DV	X Change	Addition	
NAME	ROSENBLATT, BENARD		4 2 NAME	ROSENBLATT, BENARD			
STREET ADDRESS	TWO GROVE ISLE DRIVE		4 3 STREET ADDRESS	TWO GROVE ISLE DRIV	AR		
CITY ST-ZIP	COCONUT GROVE FL	XX OELETE	5 1 TITLE	COCONUT GROVE FL	F-1 ^*	A delition	
NAME	DVS SPECTOR, JOAN	-E-locitie	5		Change	Addition	
NAME STREET ADDRESS	TWO GROVE ISLE DR		5 2 NAME 5 3 STREET ADORESS				
CITY-ST-ZIP	COCONUT GROVE FL						
TITLE	DT COCONOT GROVE FE	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change	Addition	
NAME	WILSON, ALLAN	<u></u>	6 2 NAME		Ç.ange		
STREET ADDRESS	THREE GROVE ISLE DRIVE		6.3 STREET ADDRESS				
14. I do hereb	by certify that the information supplied of	with this filing is voluntarily furn	ished and difes not qua	alify for the exemption stated in Section 119.	07(3)(k), Florida Stat	utes I further	
certify that oath; that appears in	at the information indicated on this agos : I am an officer or director of the corpo in Block 12 or Block 13 if changed of c	al report or supplemental ann lation or the raceiver or trust on an attack mient with an	ual intort of true and ac a empoyered to execut its:	lalify for the exemption stated in Section 119. curate and that my signature shall have the te this report as required by Chapter 617, Fig.	same legal effect as orida Statutes; and t	if made under hat my name	

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED HAND OF SCHING OF FIRE OR DIRECTOR

BENARD ROSENBLATT, VICE PRESIDENT

1/24/96 30

305 858 5370

Daytime Phone #