

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745563

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** GROVE ISLE ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DRIVE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 59-1875288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMERA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEWIS, EDGAR  
**Address:** ONE GROVE ISLES DR., #905  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** VP  
**Name:** MILLER, ROBERT  
**Address:** THREE GROVE ISLE DR., #1402  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** DS  
**Name:** MOORE, TIMOTHY  
**Address:** THREE GROVE ISLE DRIVE #1609  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** T  
**Name:** LIEBLING, MARTIN  
**Address:** ONE GROVE ISLE DR., #1209  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D  
**Name:** ROSENBLATT, BENARD  
**Address:** TWO GROVE ISLE DR # 603  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D  
**Name:** DELASTER, JACK  
**Address:** TWO GROVE ISLE # 902  
**City-St-Zip:** COCONUT GROVE, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EDGAR LEWIS

MR

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date