

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757056

FILED
Apr 19, 2009
Secretary of State

Entity Name: MAISON GROVE ASSOCIATION, INC.

Current Principal Place of Business:

3245 MARY ST
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 331821
COCONUT GROVE, FL 332331821

New Mailing Address:

FEI Number: 59-2358315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MJF REGISTERED AGENT CORP
153 SEVILLA AVENUE
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: TD () Delete
Name: STONE, JEFFREY
Address: 3227 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD () Delete
Name: PRICE, ERIC
Address: 3239 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: PICON, OSCAR
Address: 3243 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: DELMONT, ANDREA
Address: 3221 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: JOHNSON, DONNA
Address: 3247 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RECIO, TONY
Address: 3237 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: PICON, OSCAR
Address: 3243 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY STONE

TD

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date