

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46606 (2)
1. Corporation Name
CENTER GROVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
2997 DAY AVE COCONUT GROVE FL 33133 **2997 DAY AVE COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified **12/23/1991** 3a. Date of Last Report **04/14/1995**
4. FEI Number **65-0313353** 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 **3290 Matilda St** 26 **3290 Matilda St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI FL** 27 **MIAMI FL**
City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33133** 25 **Dade** 29 **33133** 30 **Dade**

9. Name and Address of Current Registered Agent
SEPLER, RICHARD M.
2997 DAY AVE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name **David Gell**
82 Street Address (P.O. Box Number is Not Acceptable) **3290 Matilda St**
83 **MIAMI FL**
84 City **MIAMI FL** 85 Zip Code **33133**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent as to title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **JULY 3, 1996**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GELL, DAVID	
STREET ADDRESS	3290 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GELL, BRENDA	
STREET ADDRESS	3290 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	XXXXXXXXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL BUSHEY	
1.3 STREET ADDRESS	3216 VIRGINIA ST.	
1.4 CITY-ST-ZIP	MIAMI FL. 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001892693	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-07/12/96--01077--025	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), Florida Statutes. 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/26/96** (305) 448-4884

CR2E037 (12/95)