

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46606 (2)**  
 1. Corporation Name  
**CENTER GROVE NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business 4245 BLAGANGA AVE. MIAMI FL 33133 US	Mailing Address 4245 BLAGANGA AVE MIAMI FL 33133 US
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3. Date Incorporated or Qualified  
**12/23/1991**

4. FEI Number  
**65-0313353**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

*Gell*  
**GELL, DAVID**  
**3200 MATILDA ST.**  
**MIAMI FL 33133**

*4245 BLAGANGA AVE*

10. Name and Address of New Registered Agent

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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	GELL, DAVID	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	4245 BLAGANGA AVE.	1.3 STREET ADDRESS	
	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
DV	BUSHEY, MICHAEL	2.1 TITLE	2.2 NAME
	3216 VIRGINIA ST.	2.3 STREET ADDRESS	
	MIAMI FL 33133	2.4 CITY-ST-ZIP	
DT	GELL, BRENDA	3.1 TITLE	3.2 NAME
	4245 BLAGANGA AVE.	3.3 STREET ADDRESS	
	COCONUT GROVE FL	3.4 CITY-ST-ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **REQUIRED** *4/29/98*

CR2E037 (10/97)