

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 2 AM 8:40

DOCUMENT # **745563** (7)

1. Corporation Name
GROVE ISLE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133
Mailing Address: ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **01/16/1979**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-1875288**
Applied For: Not Applicable:

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24 Country: 25
29 Country: 30

5. Certificate of Status Desired: **X** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL L.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DVT
NAME	GORDON, HAROLD
STREET ADDRESS	TWO GROVE ISLE DR
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DP
NAME	SPIELER, STANLEY
STREET ADDRESS	ONE GROVE ISLE DR
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DS
NAME	LESHAW, JAY
STREET ADDRESS	THREE GROVE ISLE DR
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DV
NAME	ROSENBLATT, BENARD
STREET ADDRESS	TWO GROVE ISLE DR
CITY-ST-ZIP	MIAMI FL
TITLE	DVS
NAME	SPECTOR, JOAN
STREET ADDRESS	TWO GROVE ISLE DR
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DT
NAME	COPPERSMITH, JEROME
STREET ADDRESS	THREE GROVE ISLE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	SYMONS, RALPH
2.4 CITY-ST-ZIP	ONE GROVE ISLE DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS
3.3 STREET ADDRESS	SHEAR, HELENE
3.4 CITY-ST-ZIP	THREE GROVE ISLE DRIVE
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DP
4.3 STREET ADDRESS	ROSENBLATT, BENARD
4.4 CITY-ST-ZIP	TWO GROVE ISLE DRIVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DT
6.3 STREET ADDRESS	WILSON, ALLAN
6.4 CITY-ST-ZIP	THREE GROVE ISLE DRIVE
	COCONUT GROVE, FL 33133

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 authorized 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: *Benard Rosenblatt* 1/24/95 (305)858-5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BENARD ROSENBLATT, PRESIDENT**