

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745563** (7)

1. Corporation Name
GROVE ISLE ASSOCIATION, INC.



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: **02/02/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1875288	<input type="checkbox"/> Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
HYMAN, MICHAEL L. 44 WEST FLAGLER STREET 14TH FLOOR MIAMI FL 33130	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
81. Name											
82. Street Address (P.O. Box Number is Not Acceptable)											
83. City											
84. State	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 agent 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: DVT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GORDON, HAROLD		1.2 NAME	
STREET ADDRESS: TWO GROVE ISLE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT GROVE FL		1.4 CITY-ST-ZIP	
TITLE: DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SYMONS, RALPH		2.2 NAME	
STREET ADDRESS: ONE GROVE ISLAE DRIVE		2.3 STREET ADDRESS	DP SYMONS, RALPH
CITY-ST-ZIP: COCONUT GROVE FL		2.4 CITY-ST-ZIP	ONE GROVE ISLE DRIVE
TITLE: DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHEAR, HELENE		3.2 NAME	
STREET ADDRESS: THREE GROVE ISLE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT GROVE FL		3.4 CITY-ST-ZIP	
TITLE: DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSENBLATT, BENARD		4.2 NAME	
STREET ADDRESS: TWO GROVE ISLE DRIVE		4.3 STREET ADDRESS	DV ROSENBLATT, BENARD
CITY-ST-ZIP: COCONUT GROVE FL		4.4 CITY-ST-ZIP	TWO GROVE ISLE DRIVE
TITLE: DVS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPECTOR, JOAN		5.2 NAME	
STREET ADDRESS: TWO GROVE ISLE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT GROVE FL		5.4 CITY-ST-ZIP	
TITLE: DT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILSON, ALLAN		6.2 NAME	
STREET ADDRESS: THREE GROVE ISLE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT GROVE FL		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: *Benard Rosenblatt* **BENARD ROSENBLATT, VICE PRESIDENT** 1/24/96 305 858 5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)