

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**



2. Principal Place of Business  
21 **3290 Matilda St**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami Fla**  
Zip  
24 **33133**  
Country  
25 **Dade**  
2a. Mailing Address  
26 **3290 Matilda St**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Miami Fla**  
Zip  
29 **33133**  
Country  
30 **Dade**

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

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  
84 City  
**Miami Fla**  
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 **David Gell**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**JULY 3, 1996**  
DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE
	<b>DAVID</b>			<input type="checkbox"/>
	<b>MICHAEL BUSHEY</b>			<input checked="" type="checkbox"/>
	<b>3216 VIRGINIA ST.</b>			
	<b>MIAMI FL. 33133</b>			
	<b>2.1 TITLE</b>			<input type="checkbox"/>
	<b>2.2 NAME</b>			<input type="checkbox"/>
	<b>2.3 STREET ADDRESS</b>			<input type="checkbox"/>
	<b>2.4 CITY-ST-ZIP</b>			<input type="checkbox"/>
	<b>3.1 TITLE</b>			<input type="checkbox"/>
	<b>3.2 NAME</b>			<input type="checkbox"/>
	<b>3.3 STREET ADDRESS</b>			<input type="checkbox"/>
	<b>3.4 CITY-ST-ZIP</b>			<input type="checkbox"/>
	<b>4.1 TITLE</b>			<input type="checkbox"/>
	<b>4.2 NAME</b>			<input type="checkbox"/>
	<b>4.3 STREET ADDRESS</b>			<input type="checkbox"/>
	<b>4.4 CITY-ST-ZIP</b>			<input type="checkbox"/>
	<b>5.1 TITLE</b>			<input type="checkbox"/>
	<b>5.2 NAME</b>			<input type="checkbox"/>
	<b>5.3 STREET ADDRESS</b>			<input type="checkbox"/>
	<b>5.4 CITY-ST-ZIP</b>			<input type="checkbox"/>
	<b>6.1 TITLE</b>			<input type="checkbox"/>
	<b>6.2 NAME</b>			<input type="checkbox"/>
	<b>6.3 STREET ADDRESS</b>			<input type="checkbox"/>
	<b>6.4 CITY-ST-ZIP</b>			<input type="checkbox"/>

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: **Brenda Gell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96 (305) 448-4884**  
DATE DAYTIME PHONE #

CR2E037 (12/95)