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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133
ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133-4100

3. Date Incorporated or Qualified 01/16/1979
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1875288
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

10. Name and Address of New Registered Agent

HYMAN, MICHAEL L.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

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 DP DELETE
NAME SYMONS, RALPH
STREET ADDRESS ONE GROVE ISLAE DRIVE
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE DV Change Addition
1.2 NAME NEIL RAMO
1.3 STREET ADDRESS TWO GROVE ISLE DRIVE
1.4 CITY-ST-ZIP COCONUT GROVE, FL

TITLE DS DELETE
NAME SHEAR, HELENE
STREET ADDRESS THREE GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE DS Change Addition
2.2 NAME JOHN BELLIVEAU
2.3 STREET ADDRESS ONE GROVE ISLE DRIVE
2.4 CITY-ST-ZIP COCONUT GROVE, FL

TITLE DV DELETE
NAME ROSENBLATT, BENARD
STREET ADDRESS TWO GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE DT Change Addition
3.2 NAME PHYLLIS SAUNDERS
3.3 STREET ADDRESS TWO GROVE ISLE DRIVE
3.4 CITY-ST-ZIP COCONUT GROVE, FL

TITLE DT DELETE
NAME WILSON, ALLAN
STREET ADDRESS THREE GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL

4.1 TITLE DP Change Addition
4.2 NAME WILSON, ALLAN
4.3 STREET ADDRESS THREE GROVE ISLE DRIVE
4.4 CITY-ST-ZIP COCONUT GROVE, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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 2/5/97 (305) 442-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CF2E037 (9/96)