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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/16/1979	4. FEI Number 59-1875288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	30. Country
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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 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)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NEIL RAMO	
STREET ADDRESS	TWO GROVE ISLE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JOHN BELLIVEAU	
STREET ADDRESS	ONE GROVE ISLE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PHYLLIS SAUNDERS	
STREET ADDRESS	TWO GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILSON, ALLAN	
STREET ADDRESS	THREE GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LARRY KOPEL	
1.3 STREET ADDRESS	THREE GROVE ISLE DR	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDGAR LEWIS	
2.3 STREET ADDRESS	ONE GROVE ISLE DR	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(f), 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** 1/9/98 305 442-2200

CFR2E037 (10/97)