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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749445

(3)

Apr 27 1998 8:00am Secretary of State

COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.							<u> </u>				
Principal Place of Business Mailing Address								a sadits conti midia ifitt aint didai diti diffit	AIBIL BION TIEN D	1917 DIDII 1981 \	
C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 US				C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 US				3. Date Incorporated or Qualified 10/23/1979 4. FEI Number 59-1989910		pplied For	
2. Principal Piace of Business 2a. Mailing Address								\-\		Additional	
21				26				5. Certificate of Status Desired		equired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00		
City & State				City & State				Trust Fund Contribution 7. Is this nonprofit corporation a homeowr	Added to	· · · · · · · · · · · · · · · · · · ·	
23				28				Yes No			
Zip		Country	Z	Zip		Country		8. This corporation owes or has paid the o	current year In	tangible	
24	25		29					Personal Property Tax due June 30.		No	
9. Name and Address of Current Registered Agent						31 Name		10. Name and Address of New Registers	d Agent		
DCDALAD	D 14/01 FO	^			<u> </u>		SKR	LD, Inc.			
BERNARD-WOLFSON 2055-LEJUNE-RD, PHM-D					1	32 Street	Addre 201	ss (P.O. Box Number is Not Acceptable) Alhambra Circle, Suite	1102		
GORAL GABLES, FLORIDA -					8	33			4402		
CORAL-GABLES-FL-83134					5	14 City			. 85 Zip	Code	
						,	Cor	al Gables F	L 331	34	
11. Pursuant t	io the provis egistered ag	ions of Sections 6 jent, or both, in the	17.0502 and 617 State of Florida	'.1508, Florida Statu . Such change was	tes, the abo authorized	ove-named by the cor	l corpo poratio	ration submits this statement for the purpose on's board of directors. I hereby accept the a	i of changing T ippointment as	ts registered registered	
					orida Statu	tes.					
SIGNATURE SKRLD, Inc. by Lisa A. Jerner Signature, typed or printed name of registered against and title of applicable (NOTE: Re					TE: Registered /	Agent signature	e required	Secratary 4/7/98 I When reinslating) DATE			
12.			RS AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	TD			☐ DELETE	1.1 TITL		PT	D nette [ia cari,	☐ Change	■ Addition	
NAME		/ELL-SUSAN						460 S.J. 97th. Court,			
STREET ADDRESS	44441 T 454 T					1.3 STREET ADDRESS M		ami, Florida 33176.			
CITY-ST-ZIP TITLE	VD -	OT GROTE TE		DELETE	2.1 TiTL		VP	D	Change	Addition	
NAME		ON, BERNARD		_	2.2 NAM		Ki	m Cox,			
STREET ADDRESS 2055-LE-JEUNE-RD, #PH1D-			 	2		2.3 3 INCC I AUUNESS		24 Day Avenue, N-310,			
CITY+ST-ZIP		GABLES FL\			2. 4 CIT	Y-ST-ZIP	1	ami, Florida 33133.			
TITLE	PD-	\		☐ DELETE	3.1 TITL		SD Mv	riam Gerstein.	L Change	Addition	
NAME	MOORE				3.2 NAM			24 Day Avenue, NPH3			
STREET ADDRESS ONTY-ST-ZIP ONTY-ST-ZIP GOCONUT-GROVE-FL-			_			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		ami, Florida 33133.			
TITLE	D	OF GROVE TE :		DELETE	4.1 TITE		D		Change	Addition	
NAME	WOLFS	ON, HOWARD			4. 2 NAN	ΝE	Ā1	ma Cruz, 30 Day Avenue, N-301			
STREET ADDRESS 2855 LE JANE ROAD PHID											
OTTY-ST-ZIP		GABLES FL				'- ST- ZIP		ami, Florida 33133.			
TITLE	\$D-	ITE -BRANCES	D \ _Marsha H	□ DELETE	5.1 TiTu		D An	a Fajardo,	L Change	Addition	
NAME CIRCE ADDOCCO		ITE, PRANCES -	2930 Day	Ave., N-30)2 5.2 NAM		29	24 Day Avenue, N-111,			
STREET ADDRESS CITY-ST-ZIP		ARY -S T-110 - UT-GROVE-FL		1. 33133.	5.3 STK	EET ADDRESS '-ST-ZIP	Mi	ami, Florida 33133.			
TITLE	A	UT UNIOTE IL	D	DELETE	6.1 TITU		D		Change	Addition	

Interept 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 orderess.

6.2 NAME

SIGNATURE, MARIAMANAPARA

NAME

STREET ADDRESS

CITY-ST-ZIP

John Hackling,

3240 Mary St., S-108,

Miami, F1. 33133.

4-15-98

Alejandro Gallardo, 4771 S.W. 5th. Terrace,

Florida 33134.

:R2E037 (10/97