07071999-90002-036-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90002 036 ****61.25

DOCUMENT # N46606

1. Corporation Name
CENTER GROVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4245 BLAGANGA AVE. MIAMI FL 33133 US	4245 BLAGANGA AVE MIAMI FL 33133 US

21 2. Principal Place of Business: 3197 Virginia St	26 2a. Mailing Address: 3197 Virginia Street	3. Date Incorporated or Qualified: 12/23/1991
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 65-0313353 ☐ Applied For ☐ Not Applicable
23 City & State: Miami, Fla.	28 City & State: Miami, Fla.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip: 33133 25 Country: USA	29 Zip: 33133 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GELL, DAVID
4245 BRAGANZA AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Marc David Sarnoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3197 Virginia Street
83
84 City: Miami 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP GELL, DAVID 4245 BALAGANGA AVE. COCONUT GROVE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Marc David Sarnoff 3197 Virginia Street Coconut Grove, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUSHEY, MICHAEL 3216 VIRGINIA ST. MIAMI FL 33133	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV Mark Billings 3005 Orange Street Coconut Grove, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GELL, BRENDA 4245 BLAGANGA AVE. COCONUT GROVE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT Pia Clemens 2930 Day Avenue, N-102 Coconut Grove, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DS Linda Roberman 3035 Day Avenue, Coconut Grove, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/13/99 305-441-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)