

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745563

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: GROVE ISLE ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DRIVE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 59-1875288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMERA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CARNER, STEPHEN  
Address: ONE GROVE ISLE DR #1809A  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP ( ) Delete  
Name: CARDIN, RICHARD  
Address: THREE GROVE ISLE DR. #1410C  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS ( ) Delete  
Name: IBARGUEN, PAMELA  
Address: ONE GROVE ISLE DR #802A  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT ( ) Delete  
Name: KUDEVIZ, JACK  
Address: THREE GROVE ISLE DR #509  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: LIEBLING, MARTIN  
Address: ONE GROVE ISLE DRIVE #1209  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS (X) Change ( ) Addition  
Name: MOORE, TIMOTHY  
Address: THREE GROVE ISLE DRIVE #1609  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. MORALES

MGR.

01/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date