


FILED
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Secretary of State

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**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 745563
 1. Entity Name
GROVE ISLE ASSOCIATION, INC.



000000826636
 02/21/08-80057-014 61.25

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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DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1875288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Timothy C. Moore Timothy C. Moore 01-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, EDGAR ONE GROVE ISLES DR., #805 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROBERT THREE GROVE ISLE DR., #1402 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, TIMOTHY THREE GROVE ISLE DRIVE #1809 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIEBLING, MARTIN ONE GROVE ISLE DR., #1209 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLATT, BENARD TWO GROVE ISLE DR SUITE 803 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELASTER, JACK TWO GROVE ISLE SUITE 902 COCONUT GROVE, FL 33133

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy C. Moore Timothy C. Moore 01-25-08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #