


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90158 048 ****61.25

DOCUMENT # 745563

1. Entity Name
GROVE ISLE ASSOCIATION, INC.



Principal Place of Business Mailing Address
ONE GROVE ISLE DRIVE **ONE GROVE ISLE DRIVE**
COCONUT GROVE FL 33133 **COCONUT GROVE FL 33133**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1875288** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | KOPEL, LARRY | |
| STREET ADDRESS | THREE GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | LEWIS, EDGAR | |
| STREET ADDRESS | ONE GROVE ISLE DR. | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | CARNER, STEPHEN | |
| STREET ADDRESS | ONE GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | TOKAY, JEAN | |
| STREET ADDRESS | ONE GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN Liebling | |
| STREET ADDRESS | ONE GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEPHEN CARNER | |
| STREET ADDRESS | ONE GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAMELA IBARGUEN-MANN | |
| STREET ADDRESS | TWO GROVE ISLE DR | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: *SIGNATURE RECEIVED* *LEWIS* *1/17/03* *3053766016*

CR2E037 (10/02)

Attachments $\frac{90007753}{\# 74563}$

**GROVE ISLE CONDOMINIUM ASSOCIATION
2003 OFFICERS OF THE BOARD OF DIRECTORS**

PRESIDENT

EDGAR LEWIS
One Grove Isle Drive
Unit A905

VICE-PRESIDENT

STEPHEN CARNER
One Grove Isle Drive
Unit A1809

SECRETARY

PAMELA IBARGUEN-MANN
Two Grove Isle Drive
Unit B402

TREASURER

MARTIN LIEBLING
One Grove Isle Drive
Unit A1209