2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745563

Entity Name: GROVE ISLE ASSOCIATION, INC.

Current Principal Place of Business:

ONE GROVE ISLE DRIVE COCONUT GROVE. FL 33133

Current Mailing Address:

ONE GROVE ISLE DRIVE COCONUT GROVE. FL 33133

FEI Number: 59-1875288 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Jan 25, 2013

Secretary of State

CC6566799828

Officer/Director Detail:

#203

VΡ Title Title

Name LEWIS. EDGAR Name MILLER, ROBERT

Address ONE GROVE ISLES DR., #905 Address THREE GROVE ISLE DR., #1402 City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title Title DS

Name LIEBLING, MARTIN Name MOORE, TIMOTHY

Address ONE GROVE ISLE DR., #1209 Address THREE GROVE ISLE DRIVE #1609 COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip:

Title Title

DELASTER, JACK Name Name KOSOWSKY, HOWARD

TWO GROVE ISLE # 902 Address Address TWO GROVE ISLE DR # 1204

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR Title **DIRECTOR**

Name FLETCHER, PAUL Name JACKO, ROBERT

Address 1 GROVE ISLE DRIVE 2 GROVE ISLE DRIVE Address #304

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

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I hereby 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 all other like empowered.

01/25/2013 SIGNATURE: EDGAR LEWIS **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name STEINBOOK, SUZANNE Address 3 GROVE ISLE DRIVE

#702

City-State-Zip: COCONUT GROVE FL 33133