

2021 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:**SIEGFRIED RIVERA
201 ALHAMERA CIRCLE
SUITE 1100
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:** LISA LERNER

02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name FABER, SHEPPARD
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title PRESIDENT
Name GILMORE, KAREN
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title TREASURER
Name KATZ, JANET
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title VP
Name SILVER, ARLINE
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name FISHER, IKE
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name GERSHON, GAIL
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name STEINBERG, ROBB
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MCGUIRE, GRACE
Address MANAGEMENT OFFICE
1 GROVE ISLE DRIVE
City-State-Zip: MIAMI 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.

SIGNATURE: SHEPPARD FABER

SECRETARY

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WEBMAN, JEFF
Address	MANAGEMENT OFFICE 1 GROVE ISLE DRIVE
City-State-Zip:	MIAMI FL 33133