

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2015

Secretary of State

CC0130776711

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 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOORE, TIMOTHY
Address THREE GROVE ISLES DR., #1609
City-State-Zip: COCONUT GROVE FL 33133

Title VP
Name CARDIN, RICHARD
Address THREE GROVE ISLE DR., #1410
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY
Name LEWIS, EDGAR
Address ONE GROVE ISLE DRIVE #905
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER
Name LIEBLING, MARTIN
Address ONE GROVE ISLE DR., #1209
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name KOSOWSKY, HOWARD
Address TWO GROVE ISLE DR # 1204
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name PURCELL, SUSAN
Address TWO GROVE ISLE # 503
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name FLETCHER, PAUL
Address ONE GROVE ISLE DRIVE
 #304
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name MCALILEY, JANET
Address THREE GROVE ISLE DRIVE #807
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.

SIGNATURE: TIMOTHY MOORE

PRESIDENT

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CADIGAN, THOMAS
Address TWO GROVE ISLE DRIVE
 #703
City-State-Zip: COCONUT GROVE FL 33133