

**2018 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 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 SECRETARY  
Name FABER, SHEPPARD  
Address ONE GROVE ISLES DR.,  
#1604  
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER  
Name GILMORE, KAREN  
Address TWO GROVE ISLE DR.,  
#803  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name KATZ, JANET  
Address THREE GROVE ISLE DRIVE.,  
#509  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name SILVER, ARLINE  
Address ONE GROVE ISLE DRIVE  
#1805  
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT  
Name CADIGAN, THOMAS  
Address TWO GROVE ISLE DR.,  
#703  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name GELLY, JAMES  
Address THREE GROVE ISLE DRIVE.,  
#1001  
City-State-Zip: COCONUT GROVE FL 33133

Title VP  
Name BROWN, DAN  
Address TWO GROVE ISLE DRIVE.,  
#1406  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name LEON, ALBERT  
Address ONE GROVE ISLE DRIVE.,  
# 1709  
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:** FABER SHEPPARD

SECRETARY

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCDONALD, BILL
Address	TWO GROVE ISLE DRIVE., #1403
City-State-Zip:	COCONUT GROVE FL 33133