

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 PRESIDENT
Name CADIGAN, THOMAS
Address TWO GROVE ISLE DR.,
#703
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 GELLY, JAMES
Address THREE GROVE ISLE DRIVE.,
#1001
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 VP
Name BROWN, DAN
Address TWO GROVE ISLE DRIVE.,
#1406
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 DIRECTOR
Name LEON, ALBERT
Address ONE GROVE ISLE DRIVE.,
1709
City-State-Zip: COCONUT GROVE FL 33133

Continues on page 2

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