

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745563

**FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**7093516159CC**

**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:** LISA LERNER

03/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            FALERO, RAMON  
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            TOOTLE, NICK  
Address        MANAGEMENT OFFICE  
                  1 GROVE ISLE DRIVE  
City-State-Zip: MIAMI FL 33133

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

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

*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:** KAREN GILMORE

**PRESIDENT**

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date