

**2017 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 MOORE, TIMOTHY  
Address THREE GROVE ISLES DR., #1609  
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT  
Name CARDIN, RICHARD  
Address THREE GROVE ISLE DR., #1410  
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 MCALILEY, JANET  
Address THREE GROVE ISLE DRIVE., #807  
City-State-Zip: COCONUT GROVE FL 33133

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

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

Title VP  
Name GUTIERREZ, ALFREDO  
Address ONE GROVE ISLE DRIVE #1101  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name FISHER, ISAAC  
Address ONE GROVE ISLE DRIVE., # 1009  
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

SECRETARY

01/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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