

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003928

Entity Name: THE GROVE TREE-MAN TRUST, INC.**Current Principal Place of Business:**2940 SW 40TH COURT
MIAMI, FL 33133**Current Mailing Address:**P.O. BOX 1971
COCONUT GROVE, FL 33133 US**FEI Number:** 65-0611127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLIFF, NANCY J
2238 SECOFFEE TERRACE
MIAMI, FL 33133 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	D
Name	KISLAK, LYNN
Address	2001 S BAYSHORE DR
City-State-Zip:	MIAMI FL 33133

Title	D/T
Name	CLIFF, NANCY
Address	2238 SECOFFEE TERRACE
City-State-Zip:	MIAMI FL 33133

Title	D/VP
Name	NELSON, JOYCE
Address	2535 INAGUA AVE
City-State-Zip:	MIAMI FL 33133

Title	P
Name	MCMASTER, JIM
Address	2940 SW 30 COURT
City-State-Zip:	MIAMI FL 33133

Title	D/S
Name	DELMORE, NICK
Address	2238 SECOFFEE TERRACE
City-State-Zip:	MIAMI FL 33133

Title	D
Name	BOGGIO, NANCY
Address	2485 S BAYSHORE DRIVE
City-State-Zip:	MIAMI FL 33133

Title	D
Name	JOHNSON, MIOK
Address	3342 THOMAS AVENUE
City-State-Zip:	MIAMI FL 33133

Title	D
Name	MARTIN, DAVID
Address	2665 S. BAYSHORE DRIVE SUITE 1020
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: NANCY J CLIFF**TREASURER/DIRECTOR** 01/07/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date