

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 042 ****61.25

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1. Entity Name

GROVE TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O SANDRA T. NORTH
3020-3034 CENTER ST
MIAMI FL 33133

Mailing Address

C/O SANDRA T. NORTH
3024 CENTER ST
MIAMI FL 33133



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2062596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTH, SANDRA
C/O SANDRA T. NORTH
3024 CENTER ST
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Darlene Morris
Street Address (P.O. Box Number is Not Acceptable) 3020 Center Street
City Miami FL 33133

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

2/11/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NORTH, SANDRA	
STREET ADDRESS	3024 CENTER STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P D	<input checked="" type="checkbox"/> Delete
NAME	SHACKELFORD, LISA	
STREET ADDRESS	3026 CENTER STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DARLENE	
STREET ADDRESS	3020 CENTER ST	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darlene Morris	
STREET ADDRESS	3020 Center St	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Chatfield	
STREET ADDRESS	3028 Center St	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheryl Kellner	
STREET ADDRESS	3030 Center St	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

2/11/06