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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745563 (7)

1. Corporation Name

GROVE ISLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE GROVE ISLE DRIVE
COCONUT GROVE FL 33133ONE GROVE ISLE DRIVE
COCONUT GROVE FL 33133-41003. Date Incorporated or Qualified
01/16/19793a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1875288

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL L.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME SYMONS, RALPH
STREET ADDRESS ONE GROVE ISLA E DRIVE
CITY-ST-ZIP COCONUT GROVE FL1.1 TITLE DV ☐ Change ☒ Addition
1.2 NAME NEIL RAMO
1.3 STREET ADDRESS TWO GROVE ISLE DRIVE
1.4 CITY-ST-ZIP COCONUT GROVE, FLTITLE DS ☒ DELETE
NAME SHEAR, HELENE
STREET ADDRESS THREE GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME JOHN BELLIVEAU
2.3 STREET ADDRESS ONE GROVE ISLE DRIVE
2.4 CITY-ST-ZIP COCONUT GROVE, FLTITLE DV ☒ DELETE
NAME ROSENBLATT, BENARD
STREET ADDRESS TWO GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL3.1 TITLE DT ☐ Change ☒ Addition
3.2 NAME PHYLLIS SAUNDERS
3.3 STREET ADDRESS TWO GROVE ISLE DRIVE
3.4 CITY-ST-ZIP COCONUT GROVE, FLTITLE DT ☐ DELETE
NAME WILSON, ALLAN
STREET ADDRESS THREE GROVE ISLE DRIVE
CITY-ST-ZIP COCONUT GROVE FL4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME WILSON, ALLAN
4.3 STREET ADDRESS THREE GROVE ISLE DRIVE
4.4 CITY-ST-ZIP COCONUT GROVE, FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

(305) 442-2200

CP2E037 (9/96)