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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745563

1. Corporation Name
GROVE ISLE ASSOCIATION, INC.

306410 - 90042 - 4

Principal Place of Business	Mailing Address
ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133	ONE GROVE ISLE DRIVE COCONUT GROVE FL 33133

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 01/16/1979

4. FEI Number: 59-1875288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE
83 SUITE 1102
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: SKRLD, Inc. by LIsa A. Lerner, Secretary 4/6/99
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	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOPEL, LARRY		1.2 NAME		
STREET ADDRESS	THREE GROVE ISLE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, EDGAR		2.2 NAME		
STREET ADDRESS	ONE GROVE ISLE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHYLLIS SAUNDERS		3.2 NAME		
STREET ADDRESS	TWO GROVE ISLE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ALLAN		4.2 NAME		
STREET ADDRESS	THREE GROVE ISLE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/7/99 305 854 4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LARRY KOPEL