

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745563

Entity Name: GROVE ISLE ASSOCIATION, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

ONE GROVE ISLE DRIVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

ONE GROVE ISLE DRIVE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 59-1875288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMERA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LICBLING, MARTIN
Address: ONE GROVE ISLE DR
City-St-Zip: MIAMI, FL 33133

Title: DP () Delete
Name: LEWIS, EDGAR
Address: ONE GROVE ISLE DR.
City-St-Zip: COCONUT GROVE, FL

Title: DV () Delete
Name: CARNER, STEPHEN
Address: ONE GROVE ISLE DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS () Delete
Name: IBARGWEN, PAMELA
Address: ONE GROVE ISLE DR
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CARNER, STEPHEN
Address: ONE GROVE ISLE DR #1809A
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP (X) Change () Addition
Name: CARDIN, RICHARD
Address: THREE GROVE ISLE DR. #1410C
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS (X) Change () Addition
Name: IBARGUEN, PAMELA
Address: ONE GROVE ISLE DR #802A
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT (X) Change () Addition
Name: KUDEVIZ, JACK
Address: THREE GROVE ISLE DR #509
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN CARNER

DP

01/06/2004

Electronic Signature of Signing Officer or Director

Date