


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90063 017 \*\*\*\*61.25

**DOCUMENT # 745563**  
 1. Entity Name  
**GROVE ISLE ASSOCIATION, INC.**



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1875288** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**201 ALHAMERA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	LEWIS, EDGAR	ONE GROVE ISLES DR., #905	COCONUT GROVE FL 33133	<input type="checkbox"/>
VP	MILLER, ROBERT	THREE GROVE ISLE DR., #1402	COCONUT GROVE FL 33133	<input type="checkbox"/>
DS	MOORE, TIMOTHY	THREE GROVE ISLE DRIVE #1609	COCONUT GROVE FL 33133	<input type="checkbox"/>
T	LIEBLING, MARTIN	ONE GROVE ISLE DR., #1209	COCONUT GROVE FL 33133	<input type="checkbox"/>
D	Benard Rosenblatt	Two Grove Isle Dr. #603	Coconut Grove FL 33133	<input type="checkbox"/>
D	Jack Delaster	Two Grove Isle #902	Coconut Grove FL 33133	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Robert Jacko	Two Grove Isle Dr. #203	Coconut Grove FL 33133	<input type="checkbox"/>	<input type="checkbox"/>
D	Steven Elias	One Grove Isle Dr. #1807	Coconut Grove FL 33133	<input type="checkbox"/>	<input type="checkbox"/>
D	Barbara Schindler	Three Grove Isle Dr. #1105	Coconut Grove FL 33133	<input type="checkbox"/>	<input type="checkbox"/>

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: Martin E. Liebling **Martin E. Liebling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_