

FILED
Feb 13, 2008 08:00 A
Secretary of State

Paid By Check Number: 8031 - Paid Amount: \$61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 745563

1. Entity Name
GROVE ISLE ASSOCIATION, INC.



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

Mailing Address
**ONE GROVE ISLE DRIVE
COCONUT GROVE, FL 33133**

000000826636
02/21/08-80057-014 61.25

DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP

CR2E037 (4/08)

4. FEI Number
59-1875288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Timothy C. Moore
Signature, typed or printed name of registered agent and title if applicable.

Timothy C. Moore
(NOTE: Registered Agent signature required when reappointing)

01-25-08
DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, EDGAR ONE GROVE ISLES DR., #905 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROBERT THREE GROVE ISLE DR., #1402 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, TIMOTHY THREE GROVE ISLE DRIVE #1609 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIEBLING, MARTIN ONE GROVE ISLE DR., #1209 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLATT, BENARD TWO GROVE ISLE DR SUITE 803 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAISTER, JACK TWO GROVE ISLE SUITE 902 COCONUT GROVE, FL 33133

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Timothy C. Moore
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #