2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 745563

Entity Name: GROVE ISLE ASSOCIATION, INC.

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 US

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: P ( ) Delete
Name: LEWIS, EDGAR
Address: ONE GROVE ISLES DR., #905
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP ( ) Delete
Name: MILLER, ROBERT
Address: THREE GROVE ISLE DR., #1402
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS ( ) Delete
Name: MOORE, TIMOTHY
Address: THREE GROVE ISLE DRIVE #1609
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete
Name: LIEBLING, MARTIN
Address: ONE GROVE ISLE DR., #1209
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: ROSENBLATT, BENARD
Address: TWO GROVE ISLE DR SUITE 603
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: DELASTER, JACK
Address: TWO GROVE ISLE SUITE 902
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CALIXTO RODRIGUEZ MR 01/14/2009

Electronic Signature of Signing Officer or Director Date