FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 747301 (0)

1. Corporation Name
BAMBOO GROVE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3120-3122-3124-3126 MARY STREET COCONUT GROVE FL 33133 US	3122 MARY STREET COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 05/22/1979

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, ALAN
~~100 S.E. 2ND STREET~~
~~#2300~~
~~MIAMI FL 33131-2198~~

10. Name and Address of New Registered Agent

81 Name: ROSENTHAL, ALAN
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD.
83: 20TH FLOOR
84 City: MIAMI FL 85 Zip Code: 33131-2310

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRAUSS, PAUL		1.2 NAME		
STREET ADDRESS	3122 MARY STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~BROWN, RICHARD~~		2.2 NAME	CINTIA SHAND	
STREET ADDRESS	3120 MARY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE ST		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~BOLT, THOMAS~~		3.2 NAME	SANFORD LEVY	
STREET ADDRESS	3124 MARY ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, KIM		4.2 NAME		
STREET ADDRESS	3126 MARY STREET		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 (10/97)

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.

SIGNATURE: [signature] REQUIRED Jan 5, 1998 305-446-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #