FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749445** **(3)**

1. Corporation Name

COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARION RICHEY 3240 MARY STREET MIAMI FL 33133	C/O MARION RICHEY 3240 MARY STREET MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1979	3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1989910	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Miami Management Inc	26 c/o Miami Management Inc
Suite, Apt. #, etc. 22 14275 SW 142 Ave	Suite, Apt. #, etc. 27 14275 SW 142 Ave
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33186 Country 25 DADE	Zip 29 33186 Country 30 DADE

9. Name and Address of Current Registered Agent

WOLFSON, BERNARD
255 ALHAMBRA CIRCLE, SUITE 245
CORAL GABLES, FLORIDA
33134

10. Name and Address of New Registered Agent

31 Name: Bernard Wolfson
32 Street Address (P.O. Box Number is Not Acceptable): 2655 Lejune Rd, PH-I-D
33
34 City: Coral Gables FL 35 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	T/D	☒ Change ☐ Addition
NAME	WAKEMAN, MICHAEL	12 NAME	McDowell, Suzan	
STREET ADDRESS	3242 MARY STREET, #115	13 STREET ADDRESS	2924 DAY Ave #209N	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	WOLFSON, BERNARD	22 NAME		
STREET ADDRESS	2655 LE JEUNE RD, #PH1D	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	P/D	☒ Change ☐ Addition
NAME	MOORE, DON	32 NAME		
STREET ADDRESS	3242 MARY ST #312	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	D	☒ Change ☐ Addition
NAME	WARREN, WM.	42 NAME		
STREET ADDRESS	3240 MARY STREET, #PH1 S	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE	S/D	☒ Change ☐ Addition
NAME	LA POINTE, FRANCES	52 NAME		
STREET ADDRESS	3242 MARY ST 110	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	DAS	61 TITLE	D	☒ Change ☐ Addition
NAME	RICHEY, MARION	62 NAME	Gwynn, Eileen	
STREET ADDRESS	3240 MARY ST	63 STREET ADDRESS	3242 Mary Street #S218	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Coconut Grove FL 33133	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Don P. Moore 4/21/95 378-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000719B