

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749445 (3)

1. Corporation Name

COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186
US

C/O MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186
US

3. Date Incorporated or Qualified
10/23/1979

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNARD WOLFSON
2655 LEJUNE RD, PH1D
CORAL GABLES, FLORIDA
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE TD ☐ DELETE
NAME MEDOWELL, SUZAN
STREET ADDRESS 2924 DAY AVE #209N
CITY-ST-ZIP COCONUT GROOVE FL

11 TITLE ☒ Change ☐ Addition
12 NAME Mc Dowell, Suzan
13 STREET ADDRESS Coconut Grove, FL 33133
14 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME WOLFSON, BERNARD
STREET ADDRESS 2655 LE JEUNE RD, #PH1D
CITY-ST-ZIP MIAMI, FL 00000

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS Coral Gables, FL 33134
24 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME MOORE, DON
STREET ADDRESS 3242 MARY ST #312
CITY-ST-ZIP MIAMI FL

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS Coconut Grove, FL 33133
34 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WARREN, WM.
STREET ADDRESS 3240 MARY STREET, #PHI S
CITY-ST-ZIP MIAMI FL

41 TITLE ☐ Change ☒ Addition
42 NAME Wolfson, Howard
43 STREET ADDRESS 2655 LE JEUNE RD, PH 1D
44 CITY-ST-ZIP Coral Gables, FL 33134

TITLE SD ☐ DELETE
NAME LA POINTE, FRANCES
STREET ADDRESS 3242 MARY ST 110
CITY-ST-ZIP MIAMI FL

51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS Coconut Grove, FL 33133
54 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GWYNN, EILEEN
STREET ADDRESS 3242 MARY ST #S218
CITY-ST-ZIP COCONUT GROOVE FL

61 TITLE ☐ Change ☒ Addition
62 NAME Crews, Jeffrey
63 STREET ADDRESS 3240 MARY ST, S303
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)