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Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
USC/O MIAMI MANAGEMENT INC  
14275 SW 142 AVE  
MIAMI FL 33186-6715  
US3. Date Incorporated or Qualified  
10/23/19793a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNARD WOLFSON  
2655 LEJUNE RD, PH-1D  
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 ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME MCDOWELL, SUSAN  
STREET ADDRESS 2924 DAY AVE #209N  
CITY-ST-ZIP COCONUT GROVE FL1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE ☐ DELETE2.1 TITLE ☐ Change ☐ AdditionNAME WOLFSON, BERNARD  
STREET ADDRESS 2655 LE JEUNE RD, #PH1D  
CITY-ST-ZIP CORAL GABLES FL2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE ☐ DELETE3.1 TITLE ☐ Change ☐ AdditionNAME MOORE, DON  
STREET ADDRESS 3242 MARY ST #312  
CITY-ST-ZIP COCONUT GROVE FL3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE4.1 TITLE ☐ Change ☐ AdditionNAME WOLFSON, HOWARD  
STREET ADDRESS 2655 LE JANE ROAD PH1D  
CITY-ST-ZIP CORAL GABLES FL4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE5.1 TITLE ☐ Change ☐ AdditionNAME LA POINTE, FRANCES  
STREET ADDRESS 3242 MARY ST 110  
CITY-ST-ZIP COCONUT GROVE FL5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE6.1 TITLE ☐ Change ☐ AdditionNAME CREWS, JEFFREY  
STREET ADDRESS 3240 MARY ST. S303  
CITY-ST-ZIP COCONUT GROVE FL6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027865

CR2E037 (9/96)