FILE NOW: FILING FEE IS $61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 10/23/1979

4. FEI Number: 59-1989910 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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

~~BERNARD WOLFSON~~
~~2855 LEJUNE RD, PH1D~~
~~CORAL GABLES, FLORIDA~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 1102
83
84 City: Coral Gables **FL** 85 Zip Code: 33134

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: SKRLD, Inc. by Lisa A. Lerner, Secretary — 4/7/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~MCDOWELL, SUSAN~~ ~~2924 DAY AVE #209N~~ ~~COCONUT GROVE FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD Annette Iacari, 13460 S.W. 97th. Court, Miami, Florida 33176.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~WOLFSON, BERNARD~~ ~~2855 LE JEUNE RD, #PH1D~~ ~~CORAL GABLES FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Kim Cox, 2924 Day Avenue, N-310, Miami, Florida 33133.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~MOORE, DON~~ ~~3242 MARY ST #312~~ ~~COCONUT GROVE FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Myriam Gerstein, 2924 Day Avenue, NPH3 Miami, Florida 33133.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLFSON, HOWARD 2855 LE JANE ROAD PH1D CORAL GABLES FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Alma Cruz, 2930 Day Avenue, N-301 Miami, Florida 33133.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~LA POINTE, FRANCES~~ ~~3242 MARY ST 110~~ ~~COCONUT GROVE FL~~	☐ DELETE D Marsha Hacker, 2930 Day Ave., N-302 Miami, Fl. 33133.	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Ana Fajardo, 2924 Day Avenue, N-111, Miami, Florida 33133.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CREWS, JEFFREY~~ ~~3240 MARY ST S303~~ ~~COCONUT GROVE FL~~	☐ DELETE D John Hackling, 3240 Mary St.,S-108, Miami, Fl. 33133.	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Alejandro Gallardo, 4771 S.W. 5th. Terrace, Miami, Florida 33134.

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: Marsha Hacker — 4-15-98

CR2E037 (10/97)