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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749445

1. Corporation Name

COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 C/O THE TIMBERLAKE GROUP

Suite, Apt. #, etc.

22 5050 N.W. 74TH AVE

City & State

23 MIAMI FL

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 C/O THE TIMBERLAKE GROUP

Suite, Apt. #, etc.

27 5050 N.W. 74TH AVE

City & State

28 MIAMI FL

Zip

29 33166

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/23/1979

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

9. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 SKRLD, Inc. by Lisa A. Lerner. Secretary

01-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~MACARI, ANNETTE~~

STREET ADDRESS ~~13460 SW 97TH COURT -~~

CITY-ST-ZIP ~~MIAMI FL 33176 -~~

TITLE ☐ DELETE

NAME COX, KIM

STREET ADDRESS 2924 DAY AVENUE #N-310

CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME ~~GERSTEIN, MYRIAM~~

STREET ADDRESS ~~2924 DAY AVENUE - NPH3~~

CITY-ST-ZIP ~~MIAMI FL 33133 -~~

TITLE ☐ DELETE

NAME ~~CRUZ, ALMA~~

STREET ADDRESS ~~2930 DAY AVENUE N-301~~ John Hackling

CITY-ST-ZIP ~~MIAMI FL 33133 -~~ 3240 MARY St. #108

TITLE ☐ DELETE

NAME FAJARDO, ANA

STREET ADDRESS 2924 DAY AVENUE N-111

CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME ~~GALLARDO, ALEJANDRO~~

STREET ADDRESS ~~4771 SW 5TH TERRACE -~~

CITY-ST-ZIP ~~MIAMI FL 33134 -~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PD Maria E. Pace,

1.3 STREET ADDRESS 2930 Day Avenue, #308

1.4 CITY-ST-ZIP Coconut Grove, FL 33133 at...

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD Marcia Hacker

2.3 STREET ADDRESS 2930 Day Ave., N-302

2.4 CITY-ST-ZIP Miami, FL 33133.

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Elena-Carpenter

3.3 STREET ADDRESS 3838 Ervington Avenue,

3.4 CITY-ST-ZIP Coconut Grove, FL 33133

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TD Michael Ambrose

4.3 STREET ADDRESS 2930 Day Ave., N-106,

4.4 CITY-ST-ZIP Miami, FL 33133.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME D

5.3 STREET ADDRESS Howard Wolfson,

5.4 CITY-ST-ZIP 540 Brickell Key Dr. #413,

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SD

6.3 STREET ADDRESS Bernard Wolfson,

6.4 CITY-ST-ZIP 1508 San Ignacio Ave., Suite 200,

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

305-529-0096

Date

Daytime Phone #

CR2E037 (11/98)