

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749445

1. Entity Name

COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION,

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90161 031 ****61.25

Principal Place of Business

Mailing Address

~~C/O THE TIMBERLAKE GROUP~~
~~5050 NW 74TH AVE~~
~~MIAMI FL 33186~~
~~US~~

~~C/O THE TIMBERLAKE GROUP~~
~~5050 NW 74TH AVE~~
~~MIAMI FL 33186-5516~~
~~US~~

2. Principal Place of Business

~~C/O THE CONTINENTAL GROUP~~

3. Mailing Address

~~C/O THE CONTINENTAL GROUP~~

Suite, Apt. #, etc.

12079 SW. 131 AVENUE

Suite, Apt. #, etc.

12079 SW. 131 AVENUE

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. FEI Number

59-1989910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PACE, MARIA E	
STREET ADDRESS	2930 DAY AVENUE, #308	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HACKER, MARCIA	
STREET ADDRESS	2930 DAY AVE. N-302	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, ELENA	
STREET ADDRESS	3838 ERVINGTON AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKLING, JOHN	
STREET ADDRESS	3240 MARY ST. #108	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AMBROSE, MICHAEL	
STREET ADDRESS	2930 DAY AVENUE N-106	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLFSON, BERNARD	
STREET ADDRESS	1508 SAN IGNACIO AVE, STE 200	
CITY-ST-ZIP	CORAL GABLES FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAO PAULO CALDEIRA	
STREET ADDRESS	2930 DAY AVE. N201	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY KERNITZKY	
STREET ADDRESS	2930 DAY AVE. N205	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)