

2002 UBR

## BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90326 017 \*\*\*\*61.25

DOCUMENT # 749445

1. Entity Name

**COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12079 SW 131 AVENUE  
 MIAMI FL 33186  
 US

12079 SW 131 AVENUE  
 MIAMI FL 33186  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DD** ☒ Delete  
 NAME **PACE, MARIA E.**  
 STREET ADDRESS **2930 DAY AVENUE, #308**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **P/D** ☐ Change ☐ Addition  
 NAME **Michael McGowan**  
 STREET ADDRESS **3240 Mary Street, #S209**  
 CITY-ST-ZIP **Coconut Grove, Florida 33133**

TITLE **VPD** ☐ Delete  
 NAME **COX, KIM**  
 STREET ADDRESS **2924 DAY AVENUE # N-310**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **V/D** ☐ Change ☐ Addition  
 NAME **Kim Cox**  
 STREET ADDRESS **2924 Day Avenue, #N310**  
 CITY-ST-ZIP **Cocnut Grove, Florida 33133**

TITLE **DD** ☐ Delete  
 NAME **KERNITZKY, CINDY**  
 STREET ADDRESS **2930 DAY AVE N205**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Cindy Kernitzky,**  
 STREET ADDRESS **2930 Day Avenue, N-205**  
 CITY-ST-ZIP **Coconut Grove, Florida 33133**

TITLE **SD** ☐ Delete  
 NAME **LIZAMA, VERONICA**  
 STREET ADDRESS **2924 DAY AVENUE # NPH-5**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S/D** ☐ Change ☐ Addition  
 NAME **Veronica Lizama,**  
 STREET ADDRESS **2924 Day AVenue, NPH5**  
 CITY-ST-ZIP **Coconut Grove, Florida 33133**

TITLE **PD** ☐ Delete  
 NAME **MCGOWAN, MICHAEL**  
 STREET ADDRESS **3240 MARY STREET # S-209**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **T/D** ☐ Change ☒ Addition  
 NAME **Michael Ambrose,**  
 STREET ADDRESS **2930 Day Avenue, N-106**  
 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **DD** ☒ Delete  
 NAME **FAHMIE, GEORGE**  
 STREET ADDRESS **2930 DAY AVENUE # N-300**  
 CITY-ST-ZIP **MIAMI FL 33133**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02

305-461-3360

CR2E037 (9/01)