


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90050 035 \*\*\*\*61.25

<b>DOCUMENT # 749445</b> 1. Entity Name <b>COURTYARDS OF THE GROVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12079 SW 131 AVENUE MIAMI, FL 33186 US</b>				Mailing Address <b>12079 SW 131 AVENUE MIAMI, FL 33186 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address <i>c/o The Continental Group Inc</i> <b>11981 SW 144th CT 201</b> Suite, Apt. #, etc. City & State <i>Miami, FL</i> Zip      Country <b>33186</b>	
4. FEI Number <b>59-1989910</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072004    Chg-NP    CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, KIM 2924 DAY AVE, #N-310 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, KIM 2924 DAY AVENUE # N-310 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNE, DEBRA 2930 DAY AVE, #N-200 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIZAMA, VERONICA 2924 DAY AVENUE # NPH-5 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROSE, MICHAEL 2930 DAY AVENUE, N-106 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTO, KARL 3240 MARY ST #S-209 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE 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.				
<b>SIGNATURE:</b> <i>Scott Payne / Vice President</i> 1.12.04      305 447 6976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					
<i>Scott Payne / Vice President</i>					