2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State 01-25-2007 90038 012 ****61.25

1. Entity Nam	MENT #757056 GROVE ASSOCIATION, IN	IC.						01-25-200	07 200.	012	01	.23
3245 MARY ST P COCONUT GROVE, FL 33133 C		PO BO	Mailing Address PO BOX 331821 COCONUT GROVE, FL 33233-1821			60006565						
	21 (0.1)	1										
Z. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							ille mill mint	KIBII BIBI I	AIR!I B!AII BIR	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					01212007	Chg-NP	С	R2E037	(12/06)	
City & Stat	te	City & State					4. FEI Numb					oplied For
Zip	Country	Zip		Cou	ntry			of Status Desig	red [¬ \$	8.75 Add	ot Applicable ditional
	6. Name and Address of Current	Registered	Agent					Address of N		F	ee Require	d
6. Name and Address of Current Registered Agent					Name		7. Haine and	Address of it	ew ivegis	itereu A	join	
153 SEVIL	ISTERED AGENT CORP		Street Address			ddress (f	P.O. Box Numb	er is Not Accep	otable)			
CORAL G	ABLES, FL 33134											
					City					FL	Zip Cod	θ
8. The above	e named entity submits this statement for	or the purpos	e of changing its re	egistere	ed office or	r register	ed agent, or bo	oth, in the State	of Florida		l miliar with,	and accept
the obligat	tions of registered agent.											
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applica	able (NOTE: I	Registered	d Agent signati	ure required	when reinstating)	·····		DATE		
SIGNATURE		and title if applica	9. Election Camp Trust Fund Co	oaign F	inancing		when reinstalling) \$5.00 May I Added to Fees	3e		check	payable to	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND Di		9. Election Camp	oaign F	inancing		\$5.00 May I Added to Fees	Ge HANGES TO OF	Florida	check Departr	nent of Si	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 importance.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE