

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757056

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** MAISON GROVE ASSOCIATION, INC.

**Current Principal Place of Business:**

3237 MARY ST  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3237 MARY ST  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 59-2358315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MJF REGISTERED AGENT CORP  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** UZAREK, LAUREN  
**Address:** 3245 MARY STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** PD  
**Name:** RECIO, TONY  
**Address:** 3237 MARY STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D  
**Name:** PICON, OSCAR  
**Address:** 3243 MARY STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** SD  
**Name:** DELMONT, ANDREA  
**Address:** 3221 MARY STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** VPD  
**Name:** JOHNSON, DONNA  
**Address:** 3247 MARY STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TONY RECIO

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date