

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N02000003398	
1. Entity Name GROVE PLACE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC	
Principal Place of Business 1285 30TH STREET VERO BEACH, FL 32960	Mailing Address 800 8TH ST VERO BEACH, FL 32962



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3702605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLS, WILLIAM B
800 8TH ST
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000730649
05/08/07-80088-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE	MGR
NAME	GRIFFIN, DR. DAVID
STREET ADDRESS	1285 36TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960

TITLE	MGR
NAME	DEONARINE, DR. BRIAN
STREET ADDRESS	1285 36TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960

TITLE	MGR
NAME	KALISN, DR. KEITH
STREET ADDRESS	1285 36TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #