

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003398

FILED
Mar 03, 2009
Secretary of State

Entity Name: GROVE PLACE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

1285 30TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

800 8TH ST
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 04-3702605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, WILLIAM B
800 8TH ST
VERO BEACH, FL 32960 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: MGR () Delete
Name: GRIFFIN, DR. DAVID
Address: 1285 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: DEONARINE, DR. BRIAN
Address: 1285 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: KALISN, DR. KEITH
Address: 1285 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: GRIFFIN, DR. DAVID
Address: 1285 36TH STREET, SUITE 101
City-St-Zip: VERO BEACH, FL 32960

Title: MGR (X) Change () Addition
Name: DEONARINE, DR. BRIAN
Address: 1285 36TH STREET, SUITE 200
City-St-Zip: VERO BEACH, FL 32960

Title: MGR (X) Change () Addition
Name: KALISH, DR. KEITH
Address: 1285 36TH STREET, SUITE 203
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Change (X) Addition
Name: BROWN, DR. HAL
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Change (X) Addition
Name: MURPHY, DR. EDWARD
Address: 1285 36TH STREET, SUITE 205
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM B. MILLS

MGR

03/03/2009

Electronic Signature of Signing Officer or Director

Date