2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007636

1. Entity Name
NORTH GROVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1829 ESPANOLA DR COCONUT GROVE, FL 33133	1829 ESPANOLA DR COCONUT GROVE, FL 33133

04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2301255
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOLAN, PATRICK
1751 ESPANOLA DR
COCONUT GROVE, FL 33133

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000142987
04/30/04-80074-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARDNER, ABBEY
STREET ADDRESS	1751 ESPANOLA DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	V
NAME	INTRIAGO, JOY
STREET ADDRESS	1829 ESPANNOLA DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	T
NAME	DOLAN, PATRICK
STREET ADDRESS	1751 ESPANOLA DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	S
NAME	POPE, BARBARA
STREET ADDRESS	2612 TALUGA DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ Patrick Dolan 4/28/04 786 276-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #