2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N02000007636

Entity Name: NORTH GROVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1829 ESPANOLA DR
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1829 ESPANOLA DR
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 56-2301255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLAN, PATRICK
1751 ESPANOLA DR
COCONUT GROVE, FL 33133 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:	P/D	( ) Delete
Name:	WELLS, DAVID E	
Address:	2930 SEMINOLE STREET	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	V/D	( ) Delete
Name:	CONGER, RICHARD	
Address:	2621 NATOMA STREET	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	T	( ) Delete
Name:	DOLAN, PATRICK	
Address:	1751 ESPANOLA DR	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	S/D	( ) Delete
Name:	POPE, BARBARA	
Address:	2612 TALUGA DR	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	GARDNER, ABBEY	
Address:	1751 ESPANOLA DRIVE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	PODACK, KRISTIN	
Address:	1720 ESPANOLA DRIVE	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E. WELLS P/D 04/27/2006

Electronic Signature of Signing Officer or Director — Date