

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007636

FILED  
Feb 10, 2007  
Secretary of State

**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: JOY M. INTRIAGO

D

02/10/2007

Electronic Signature of Signing Officer or Director

Date