

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004312

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: GROVENOR HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

701 BRICKELL AVE., STE. 3150  
MIAMI, FL 33131

**New Principal Place of Business:**

2627 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

701 BRICKELL AVE., STE. 3150  
MIAMI, FL 33131

**New Mailing Address:**

2627 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133

FEI Number: 72-1598392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARS, GARY M MR.  
150 WEST FLAGLER STREET,  
27TH FLOOR  
MIAMI, FL 33130 US

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: GARY M. MARS

04/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MURPHY, ARTHUR J.  
Address: 701 BRICKELL AVE., STE. 3150  
City-St-Zip: MIAMI, FL 33131

Title: DVP ( ) Delete  
Name: VALENTINI, MASSIMO  
Address: 701 BRICKELL AVE., STE. 3150  
City-St-Zip: MIAMI, FL 33131

Title: DS ( ) Delete  
Name: RIDENHOUR, ESTHER  
Address: 701 BRICKELL AVE., STE. 3150  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SHEAR, DAVID  
Address: 2627 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP (X) Change ( ) Addition  
Name: ALVINO, FABIO  
Address: 2627 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS (X) Change ( ) Addition  
Name: HARRI, TERRI  
Address: 2627 SOUTH BAYSHORE DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

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 SHEAR

DP

04/17/2007

Electronic Signature of Signing Officer or Director

Date