

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 10, 2007
Secretary of State**

DOCUMENT# N05000004312

Entity Name: GROVENOR HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:2627 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133**New Principal Place of Business:****Current Mailing Address:**2627 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133**New Mailing Address:**

FEI Number: 72-1598392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MARS, GARY M
150 W FLAGLER ST 27TH FL
MIAMI, FL 33130 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: DP () Delete
Name: SHEAR, DAVID
Address: 2627 SOUTH BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133Title: DVP () Delete
Name: ALVINO, FABIO
Address: 2627 SOUTH BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133Title: DS () Delete
Name: HARRI, TERRI
Address: 2627 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: BOXER, BARBARA
Address: 2627 SOUTH BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133Title: DVP (X) Change () Addition
Name: BARNETT, STANLEY
Address: 2627 SOUTH BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133Title: DS (X) Change () Addition
Name: HARRIS, THERESE
Address: 2627 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133Title: DT () Change (X) Addition
Name: YOUNG, JERROLD DR.
Address: 2627 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133Title: D () Change (X) Addition
Name: ALVINO, FABIO
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 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: BARBARA BOXER

DP

10/10/2007

Electronic Signature of Signing Officer or Director

Date