

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004312

FILED  
Jan 08, 2008  
Secretary of State

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: BOXER, BARBARA  
Address: 2627 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP ( ) Delete  
Name: BARNETT, STANLEY  
Address: 2627 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS ( ) Delete  
Name: HARRIS, THERESE  
Address: 2627 SOUTH BAYSHORE DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT ( ) Delete  
Name: YOUNG, JERROLD DR.  
Address: 2627 SOUTH BAYSHORE DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: ALVINO, FABIO  
Address: 2627 SOUTH BAYSHORE 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:

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: MICHAEL LEEDS

PM

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date