

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2011  
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  
Name: YOUNG, JERROLD DR  
Address: 2627 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

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

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

Title: DT  
Name: ROSEBOROUGH, RUDOLPH  
Address: 2627 SOUTH BAYSHORE DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: ALVINO, FABIO  
Address: 2627 SOUTH BAYSHORE DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: STANLEY BARNETT

VP

01/05/2011

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

\_\_\_\_\_  
Date