

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012605

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE GROVE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2699 TIGERTAIL AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

% C.P.M. GRP 170 DECAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

% C.P.M. CORP. 1801 CORAL WAY
305
MIAMI, FL 33145

FEI Number: 20-3955769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T ESQ.
50 W. MASHTA DRIVE
SUITE 5
KEY BISCAYNE, FL 33149 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: PD () Delete
Name: AMERENA, CLAIRE
Address: 2699 TIGERTAIL AVENUE, #51
City-St-Zip: MIAMI, FL 33133

Title: SD () Delete
Name: OLEAS, PEPE
Address: 2699 TIGERTAIL AVENUE #34
City-St-Zip: MIAMI, FL 33133

Title: VPD () Delete
Name: BASSETT, SHERRI
Address: 2699 TIGERTAIL AVE #52
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LONDON, EDWARD
Address: 2699 TIGERTAIL AVENUE #54
City-St-Zip: MIAMI, FL 33133

Title: SD (X) Change () Addition
Name: BASSETT, SHERRI
Address: 2699 TIGERTAIL AVE #52
City-St-Zip: MIAMI, 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: CLAIRE AMERENA

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date