

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11158

FILED
Feb 05, 2008
Secretary of State

Entity Name: SHOP IN THE GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD
STE. 600
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD
STE. 600
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-2582927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARVETT, FREDRIC M.
18001 OLD CUTLER RD
STE. 600
MIAMI, FL 33157 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: STDP () Delete
Name: GARVETT, FREDRIC M
Address: 18001 OLD CUTLER RD., STE. 600
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: BUTLER, AARON J
Address: 18001 OLD CUTLER RD., STE. 600
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: PUIG, LUIS
Address: 3342 VIRGINIA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PD () Delete
Name: GARVETT, FREDRIC M.
Address: 18001 OLD CUTLER RD., STE. 600
City-St-Zip: MIAMI, FL 33157

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:

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: FREDRIC M. GARVETT

PD

02/05/2008

Electronic Signature of Signing Officer or Director

Date