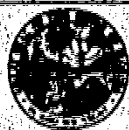


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$166 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44996 (9)

1. Corporation Name

GROVE COVE CONDOMINIUM ASSOCIATION, INC.

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~21 SOUTHEAST FIRST AVENUE~~
~~MIAMI FL 33131~~

~~21 SOUTHEAST FIRST AVENUE~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1991

3a. Date of Last Report

07/21/1994

4. FEI Number

65-0358663

Applied For

Not Applicable

2. Principal Place of Business

21 3119-B MARYST

2a. Mailing Address

26 3119-B MARYST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33133

Country

25 DADE

Zip

29 33133

Country

30 DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRENNER, RICHARD M.~~
~~21 SOUTHEAST FIRST AVENUE~~
~~MIAMI FL 33131~~

81 Name

Susan P. Bakalar, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1152 N. University Dr

83

Suite 201

84 City

Pembroke Pines

FL

85 Zip Code
33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Susan P. Bakalar, P.A. President

7/7/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

~~BRENNER, RICHARD M.~~
~~21 SE FIRST AVENUE~~
~~MIAMI FL~~

TITLE

~~DENSTAG, MARK A.~~
~~21 SE FIRST AVENUE~~
~~MIAMI FL~~

TITLE

~~HILL, MICHELLE O.~~
~~21 SE FIRST AVENUE~~
~~MIAMI FL~~

TITLE

~~RENZ, RENZO~~
~~21 SE FIRST AVENUE~~
~~MIAMI FL~~

TITLE

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

TITLE

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if indicated, or on an attachment with an address.

SIGNATURE:

Harold Bernstein 6/30/95 305-447-8838

(Signature and typed or printed name of signing officer or director)