SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44996 (9)

1. Corporation Name
GROVE COVE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~21 SOUTHEAST FIRST AVENUE~~ ~~MIAMI FL 33131~~	~~21 SOUTHEAST FIRST AVENUE~~ ~~MIAMI FL 33131~~

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	2a. Mailing Address
21 3119-B MARYST	26 3119-B MARYST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **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

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

10. Name and Address of New Registered Agent

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 DATE: 7/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BRENNER, RICHARD M.~~	1.2 NAME	CINDY SCHWARTZ
STREET ADDRESS	~~21 SE FIRST AVENUE~~	1.3 STREET ADDRESS	3119-B MARYST
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	~~D~~	2.1 TITLE	D ☒ Change ☐ Addition
NAME	~~DIENSTAG, MARK A.~~	2.2 NAME	DREW ROSEN
STREET ADDRESS	~~21 SE FIRST AVENUE~~	2.3 STREET ADDRESS	3115-A MARYST
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	~~D~~	3.1 TITLE	D ☒ Change ☐ Addition
NAME	~~HILL, MICHELLE O.~~	3.2 NAME	HAROLD BERNSTEIN
STREET ADDRESS	~~21 SE FIRST AVENUE~~	3.3 STREET ADDRESS	3102 JACKSON AVE
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~RENZI, RENZO~~	4.2 NAME	
STREET ADDRESS	~~21 SE FIRST AVENUE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 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 — Date — (Daytime Phone #)

000/523