2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2004
Secretary of State

DOCUMENT# N44996

Entity Name: GROVE COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3123-A MARY ST
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3123-A MARY ST
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0358663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIACENTE, FELIX
3123-A MARY ST
COCONUT GROVE, FL 33133 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: P ( ) Delete
Name: VIACENTE, FELIX
Address: 3123-A MARY ST
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: ST ( ) Delete
Name: MCKENNA, KAREN
Address: 3123-B MARY ST
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D ( ) Delete
Name: GOMBERG, ANITA
Address: 1 GROVE ISLE DRIVE #608
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: FURRY, WILLIAM
Address: 2699 SW 17 AVE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D (X) Delete
Name: SUAREZ, MARISSA
Address: 3117 MARY ST
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: HOLLINGER, EVE
Address: 3119B MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D (X) Change ( ) Addition
Name: WASSERMAN, JENNIFER
Address: 3121B MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN MCKENNA ST 07/04/2004

Electronic Signature of Signing Officer or Director — Date