

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44996

FILED  
Jan 07, 2006  
Secretary of State

**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:**

VICENTE, FELIX  
3123-A MARY ST  
COCONUT GROVE, FL 33133 US

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: FELIX VINCENTE

01/07/2006

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: HOLLINGER, EVE  
Address: 3119B MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VICENTE, FELIX  
Address: 3123-A MARY ST  
City-St-Zip: COCONUT GROVE, FL 33133 US

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 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: KAREN MCKENNA

MS

01/07/2006

Electronic Signature of Signing Officer or Director

Date