

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90188 029 \*\*\*\*61.25



**DOCUMENT # N46606**

1. Entity Name

VILLAGE OF CENTER GROVE, INC.

Principal Place of Business

Mailing Address

~~3000 SHIPPING AVE~~  
COCONUT GROVE FL 33133  
US

~~3000 SHIPPING AVE~~  
COCONUT GROVE FL 33133  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3090 Virginia St  
Suite, Apt. #, etc.

3090 Virginia St  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

Coconut Grove, FL

Coconut Grove, FL

4. FEI Number

65-0313353

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip 33133

Country USA

Zip 33133

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARNOFF, MARC D  
3000 SHIPPING AVE  
COCONUT GROVE FL 33133

Name

Sue McConnell

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

3090 Virginia St

City

Miami

FL

Zip Code

33133

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sue McConnell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature requires whole re-stating)

DATE

4/17/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DP	SARNOFF, MARC D	3000 SHIPPING AVENUE	MIAMI FL 33133	<input checked="" type="checkbox"/>
DS	ALEXANDER, RYAN	3165 NEW YORK	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
DT	MCCONNELL, SUE	3090 VIRGINIA STREET	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	Alexander, Ryan	3165 New York St	Coconut Grove, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lisa Butler	2580 Lincoln Ave.	Coconut Grove, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Kurland, Nathan	3132 Day Ave	Coconut Grove, FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sue McConnell*

4.17.07

305.442.9235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #