


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 025 ****61.25

DOCUMENT # N46606
1. Entry Name
VILLAGE OF CENTER GROVE, INC.



Principal Place of Business Mailing Address
3090 VIRGINIA ST. COCONUT GROVE FL 33133 US
3090 VIRGINIA ST. COCONUT GROVE FL 33133 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number: 65-0313353 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MCCONNELL, SUE
3090 VIRGINIA ST.
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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* DATE: 3.12.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	DS	<input checked="" type="checkbox"/> Delete
NAME	SARNOFF, MARC D	
STREET ADDRESS	2580 LINCOLN AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, RYAN	
STREET ADDRESS	3165 NEW YORK ST.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCONNELL, SUE	
STREET ADDRESS	3090 VIRGINIA STREET	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	KURLAND, NATHAN	
STREET ADDRESS	3132 DAY AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue McConnell	
STREET ADDRESS	3090 Virginia St	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Butler	
STREET ADDRESS	2580 Lincoln Ave	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE: 3.12.08