

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006497

FILED
Mar 19, 2009
Secretary of State

Entity Name: GROVE ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2200 N FEDERAL HWY
SUITE 212
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2200 N FEDERAL HWY
SUITE 212
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0805901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N FEDERAL HWY
SUITE 212
BOCA RATON, FL 33431 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: D () Delete
Name: FINN, RICHARD
Address: 10443 UTOPIA CIR E.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: GROSS, DENE
Address: 10459 UTOPIA CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: ILENE, COHEN
Address: 10390 UTOPIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: FLAER, TED
Address: 10339 UTOPIA CIRCLE N.
City-St-Zip: COYNTON BEACH, FL 33437

Title: TD () Delete
Name: RITTENBERG, LORRY
Address: 10391 UTOPIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: CARUSO, SHARON
Address: 2200 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FINN, RICHARD
Address: 2200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change () Addition
Name: ADLER, BARBARA
Address: 2200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: PD (X) Change () Addition
Name: ILENE, COHEN
Address: 2200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change () Addition
Name: SEROPIAN, CHARLEY
Address: 2200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

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 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: ILENE COHEN

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date