

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753959** (6)
1. Corporation Name
GROVE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2843 S BAYSHORE DR. COCONUT GROVE FL 33133 **2843 S BAYSHORE DR. COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc 2b State, Apt. #, etc
22 City & State 2c City & State
23 Zip 24 Quantity 25 Country 26 Country

3. Date Incorporated or Qualified **08/27/1980** 3a. Date of Last Report **04/19/1994**
4. FFI Number **59-2253056** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORIS, ALBERT ESQUIRE
C/O BECK & POLIAKOFF, P.A.
6161 BLUE LAGOON DRIVE SUITE 2
MIAMI FL 33126**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	MELROY, LURIE
STREET ADDRESS	2843 S BAYSHORE DR #6D
CITY ST ZIP	COCONUT GROVE FL 33133
TITLE	VD
NAME	COHEN, JOAN
STREET ADDRESS	2843 S. BAYSHORE DR #16F
CITY ST ZIP	COCONUT GROVE FL
TITLE	SD
NAME	FERBER, SANDRA
STREET ADDRESS	2843 S BAYSHORE DR #16C
CITY ST ZIP	COCONUT GROVE FL 33133
TITLE	TD
NAME	FIRESTONE, MARC
STREET ADDRESS	2843 BAYSHORE 6F
CITY ST ZIP	COCONUT GROVE FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	MERRITT EPSTEIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PD	
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	V-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LINDA HAUSMANN	
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MELROY LURIE	
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	T-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SANDRA FERBER	
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Merritt Epstein* DATE: _____ (Type Name)