

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/27/1980** 3a. Date of Last Report: **05/01/1995**
 4. FEI 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
MORIS, ALBERT ESQUIRE
C/O BECK & POLIAKOFF, P.A.
6161 BLUE LAGOON DRIVE SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**
FL **85**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EPSTEIN, MERRITT	
STREET ADDRESS	2843 S BAYSHORE DR #6D	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAUSMANN, LINDA	
STREET ADDRESS	2843 S. BAYSHORE DR #16F	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LORIE, MELROY	
STREET ADDRESS	2843 S BAYSHORE DR #16C	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FERBER, SANDRA	
STREET ADDRESS	2843 BAYSHORE 6F	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Make, Leslie	
1.3 STREET ADDRESS	2843 South Bayshore Dr - 14 B	
1.4 CITY-ST-ZIP	MIAMI - FL 33133	
2.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda Hausmann	
2.3 STREET ADDRESS	2843 South Bayshore Drive 4D	
2.4 CITY-ST-ZIP	MIAMI - FL 33133	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Melroy, Lurie	
3.3 STREET ADDRESS	2843 South Bayshore Dr - 6C	
3.4 CITY-ST-ZIP	MIAMI - FL 33133	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lazar, Bruce	
4.3 STREET ADDRESS	2843 South Bayshore Dr 7B	
4.4 CITY-ST-ZIP	MIAMI - FL 33133	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carva, Roberta	
5.3 STREET ADDRESS	2843 South Bayshore Dr 8D	
5.4 CITY-ST-ZIP	MIAMI - FL 33133	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Katzen, Barbara	
6.3 STREET ADDRESS	2843 South Bayshore Dr 8F	
6.4 CITY-ST-ZIP	MIAMI - FL 33133	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 this 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Merritt Epstein Date: 7/9/96 Daytime Phone #: 4601 0006965

CR2E037 (3/96)