

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33133-6015

3. Date Incorporated or Qualified 08/27/1980
3a. Date of Last Report 07/17/1996
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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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 250
MIAMI FL 33126

01 Name David Rogel c/o Becker & Poliakoff, P.A.
02 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.
03 5201 Blue Lagoon Dr. #100
04 City Miami FL 05 Zip Code 33126

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: [Signature] DATE: 2/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, MERRITT	1.2 NAME	
STREET ADDRESS	2843 S BAYSHORE DR #6D	1.3 STREET ADDRESS	2843 S Bayshore Dr (7C)
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	Coconut Grove FL 33133
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMANN, LINDA	2.2 NAME	
STREET ADDRESS	2843 S. BAYSHORE DR #16F	2.3 STREET ADDRESS	2843 S. Bayshore Dr 4D
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	Miami - FL 33133
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	LORIE, MELROY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORIE, MELROY	3.2 NAME	
STREET ADDRESS	2843 S BAYSHORE DR #16C	3.3 STREET ADDRESS	2843 S. Bayshore Dr 6D
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	Miami - FL 33133
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	LAZAR, BRUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARR, BRUCE	4.2 NAME	
STREET ADDRESS	2843 BAYSHORE DR 8-D	4.3 STREET ADDRESS	2843 S. Bayshore Dr (7B)
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUA, ROBERTA	5.2 NAME	
STREET ADDRESS	2843 SOUTH BAYSHORE DR 8-D	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARZEN, BARBARA	6.2 NAME	Katzen, Barbara
STREET ADDRESS	2843 SOUTH BAYSHORE DR 8-F	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0026928

CR2E037 (9/96)