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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 026 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



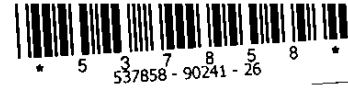
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 753959

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
08/27/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2253056

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVID ROGEL
 BECKER & POLIAKOFF, PA
 5201 BLUE LAGOON DR #100
 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **HAIRSTON, ROBERT J**
 STREET ADDRESS **2843 S BAYSHORE DR, #15-A**
 CITY-ST-ZIP **COCONUT GROVE FL**

1.1 TITLE **Secretary** Change Addition
 1.2 NAME **Bigio, Martha**
 1.3 STREET ADDRESS **2843 South Bayshore Dr. PH4B**
 1.4 CITY-ST-ZIP **Miami - FL 33133**

TITLE **T** DELETE
 NAME **HAUSMANN, LINDA**
 STREET ADDRESS **2843 S BAYSHORE DR, #4D**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **V.P.** Change Addition
 2.2 NAME **MATE, Leslie**
 2.3 STREET ADDRESS **2843 S. Bayshore Dr. 14B**
 2.4 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** DELETE
 NAME **LURIE, MELROY**
 STREET ADDRESS **2843 S BAYSHORE DR, #6-D**
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **P** DELETE
 NAME **LAZARR, BRUCE**
 STREET ADDRESS **2843 S BAYSHORE DR, #FB**
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **Director** Change Addition
 4.2 NAME **LAZARR, BRUCE**
 4.3 STREET ADDRESS **Apt. 7B**
 4.4 CITY-ST-ZIP

TITLE **VPS** DELETE
 NAME **CAPUA, PETER**
 STREET ADDRESS **2843 S BAYSHORE DR, #8-D**
 CITY-ST-ZIP **MIAMI FL 33133**

5.1 TITLE **President** Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **KUTZEN, BARBARA**
 STREET ADDRESS **2843 SOUTH BAYSHORE DR 8-F**
 CITY-ST-ZIP **MIAMI FL**

6.1 TITLE Change Addition
 6.2 NAME **KATZEV**
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

L. Hausmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 305-585-1760
 Date Daytime Phone #

CR2E037 (11/98)

537 858-9241-26
753959

Grove Towers

**BOARD OF DIRECTORS
AS OF
MARCH 15, 1999**

	Home	Office	
Capua, Peter	443-5409	374-6518	PRESIDENT
Mate, Leslie L. Dr.	442-0302	375-0078	V.P.
Bigio, Martha	529-48-50		SECRETARY
Hausman, Linda	446-6870	585-1260	TREASURER
Katzen, Barbara H.	445-2939	596-2000	DIRECTOR
Lazar, Bruce E.	444-7587	535-8118	DIRECTOR
Lurie, Bud	445-8189	444-6643	DIRECTOR