


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90318 048 ****61.25

DOCUMENT # 753959

1. Entity Name
GROVE TOWERS CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2622297 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID ROGEL
BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DR #100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAUSMANN, LINDA	
STREET ADDRESS	2843 S BAYSHORE DR, #4D	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CIAFFONE, BETTY	
STREET ADDRESS	28435 BAYSHORE DR, #5F	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAZAR, BRUCE	
STREET ADDRESS	2843 SOUTH BAYSHORE DR, APT 7B	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHITCHER, WILLIAM	
STREET ADDRESS	28435 BAYSHORE DR, #11F	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLUM, SAMUEL	
STREET ADDRESS	2843 S BAYSHORE DR PH 1F	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN ADKINS	
STREET ADDRESS	2843 South Bayshore DR # 10E	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SECRETARY/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN BLUM	
STREET ADDRESS	2843 South Bayshore DR # 9C	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCISCO CABREJA	
STREET ADDRESS	2843 South Bayshore DR # 11D	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM WHITCHER	
STREET ADDRESS	2843 South Bayshore DR # 11F	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VICE-PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL BLUM	
STREET ADDRESS	2843 South Bayshore DR # PH 1F	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **4/23/04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR