

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90104 044 ****61.25



DOCUMENT # 753959

1. Entity 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 - No P.O. Box #

3. Mailing Address

01042007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2622297

Applied For
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE, SUITE 1102
 CORAL GABLES, FL 33134**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NEWMAN, RUSSEL	2843 SOUTH BAYSHORE DRIVE SUITE 53	COCONUT GROVE, FL 33133	<input type="checkbox"/>
D	MUNIZ, JORGE	2843 S BAYSHORE DR, APT 8E	COCONUT GROVE, FL 33133	<input type="checkbox"/>
VPT	FERNANDEZ, FABIO	2843 BAYSHORE DR, APT 10 F	COCONUT GROVE, FL 33133	<input type="checkbox"/>
D	ROMINE-HAWKS, CAROL	2843 S BAYSHORE DR, APT 5 D	COCONUT GROVE, FL 33133	<input type="checkbox"/>
S	BLUM, SAMUEL	2843 S BAYSHORE DR PH 1F	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NEWMAN, RUSSELL	2843 SOUTH BAYSHORE DRIVE, UNIT # 5-B	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPT	FERNANDEZ, FABIO	2843 SOUTH BAYSHORE DRIVE, UNIT 10 F	COCON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ROMINE-HAWKS, CAROL	2843 SOUTH BAYSHORE DR. UNIT 5-D	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	BLUM, SAMUEL	2843 SOUTH BAYSHORE DRIVE UNIT # PH 1F	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Samuel Blum*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 (305) 205-2117
 Date Daytime Phone #