

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753959

FILED
Apr 28, 2009
Secretary of State

Entity Name: GROVE TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2843 S BAYSHORE DR.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2843 S BAYSHORE DR.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 59-2622297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLUM, SAMUEL
Address: 2843 S BAYSHORE DR UNIT P1-F
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: MUNIZ, JORGE
Address: 2843 S BAYSHORE DR, APT 8-E
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: KRUSS, ANDREW
Address: 2843 S BAYSHORE DR UNIT 8-D
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: ROMINE-HAWKS, CAROL
Address: 2843 S BAYSHORE DR UNIT 5-D
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: NEWMAN, RUSSELL
Address: 2843 S BAYSHORE DR UNIT 5-B
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DEMONTALEMBERT, LAURE
Address: 2843 S BAYSHORE DR, UNIT 5-E
City-St-Zip: COCONUT GROVE, FL 33133

Title: T (X) Change () Addition
Name: KRUSS, ANDREW
Address: 2843 S BAYSHORE DR UNIT 8-B
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: DEEKS, TERENCE
Address: 2843 S BAYSHORE DR UNIT 8-F
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW KRUSS

Electronic Signature of Signing Officer or Director

T

04/28/2009

Date