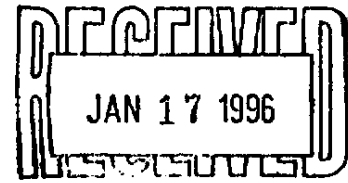


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N22827 (2)**

1. Corporation Name

GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2801 FLORIDA AVE. MIAMI FL 33133**
Mailing Address: **2801 FLORIDA AVE. MIAMI FL 33133**

3. Date incorporated or Qualified: **10/05/1987**
3a. Date of Last Report: **11/13/1995**
4. FEI Number: **65-0016544**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL ESQ.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 officer 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HESSEL, FRANK JAY STREET ADDRESS: 444 BRICKELL AVE., SUITE 1001 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> DELETE	1.1 TITLE: V/D 1.2 NAME: Hessel, Frank Jay 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SCHRAM, RONALD Y STREET ADDRESS: 251-A ROYAL PALM WAY, STE. 100 CITY-ST-ZIP: PALM BEACH FL 33480	<input type="checkbox"/> DELETE	2.1 TITLE: P/D 2.2 NAME: Schram, Ronald Y 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MCGEE, FRANK T STREET ADDRESS: 444 BRICKELL AVE., SUITE 1001 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> DELETE	3.1 TITLE: T/D 3.2 NAME: McGee, Frank 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MORRIS, PAT STREET ADDRESS: 444 BRICKELL AVE., STE. 1001 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Morris, Pat 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: YAGER, THOMAS STREET ADDRESS: 1570 MADRUGA AVE., 4TH FLOOR CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Yager, Jonathan 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROSTOV, BARBARA STREET ADDRESS: 12051 S.W. 69TH PLACE CITY-ST-ZIP: MIAMI FL 33156	<input type="checkbox"/> DELETE	6.1 TITLE: S/D 6.2 NAME: Rostov, Barbara 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/6/96** TELEPHONE: **407 659-5511**

CR2E037 (12/95)