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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33133-1905
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3. Date Incorporated or Qualified 10/05/1987	3a. Date of Last Report 02/13/1996
4. FEI Number 65-0016544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> XX No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
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
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

TITLE	VD <input type="checkbox"/> DELETE
NAME	HESSEL, FRANK JAY
STREET ADDRESS	444 BRICKELL AVE., SUITE 1001
CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHRAM, RONALD Y
STREET ADDRESS	251-A ROYAL PALM WAY, STE. 100
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCGEE, FRANK
STREET ADDRESS	444 BRICKELL AVE., SUITE 1001
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MORRIS, PAT
STREET ADDRESS	444 BRICKELL AVE., STE. 1001
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	YAGER, JONATHAN
STREET ADDRESS	1570 MADRUGA AVE., 4TH FLOOR
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROSTOV, BARBARA
STREET ADDRESS	12051 S.W. 69TH PLACE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Arias, Ralph
4.4 CITY-ST-ZIP	2801 Florida Avenue #424 Coconut Grove, FL 33133
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Richert, George E.
5.4 CITY-ST-ZIP	2801 Florida Avenue #438 Coconut Grove, FL 33133
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	Ganem, Ralph
6.4 CITY-ST-ZIP	2801 Florida Avenue #418 Coconut Grove, FL 33133

14. I do 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.

SIGNATURE:  **1/8/97 (407) 659-5511**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028713

CR2E037 (9/96)