

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		3. Date Incorporated or Qualified 10/05/1987
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0016544
21	26	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL ESQ. 44 WEST FLAGLER STREET 14TH FLOOR MIAMI FL 33130				81 Name	Michael Hyman, Esq.		
				82 Street Address (P.O. Box Number is Not Acceptable)	27th Floor Museum Tower		
				83	150 W. Flagler Street		
				84 City	Miami, Florida	85 FL	86 Zip Code 33130

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESEL, FRANK JAY	1.2 NAME	
STREET ADDRESS	444 BRICKELL AVE., SUITE 1001	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAM, RONALD Y	2.2 NAME	
STREET ADDRESS	251-A ROYAL PALM WAY, STE. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, FRANK	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVE., SUITE 1001	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, RALPH	4.2 NAME	D Mr. Tony Fett
STREET ADDRESS	2801 FLORIDA AVE #424	4.3 STREET ADDRESS	2801 Florida Avenue #213
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHERT, GEORGE E	5.2 NAME	D Ms. Brenda Poyor
STREET ADDRESS	2801 FLORIDA AVE #438	5.3 STREET ADDRESS	2801 Florida Avenue, #231
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANEM, RALPH	6.2 NAME	
STREET ADDRESS	2801 FLORIDA AVE #418	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: 2/21/98 DAYTIME PHONE: 305-377-3343

CR2E037 (10/97)