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03-01-1999 90016 034 ****70.00

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22827

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0016544	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL E 27TH FLOOR MUSEUM TOWER 150 W FLAGLER STREET MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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	2801 Florida Ave, Suite CL#12
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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	139 N. County Road, Suite 18C
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach, Florida 33480
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, FRANK	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVE., SUITE 1001	3.3 STREET ADDRESS	2801 Florida Avenue, Suite CL#12
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETT, TONY	4.2 NAME	Director
STREET ADDRESS	2801 FLORIDA AVENUE #213	4.3 STREET ADDRESS	Mr. John Diaz
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	2801 Florida Avenue #401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, BRENDA	5.2 NAME	
STREET ADDRESS	2801 FLORIDA AVENUE #231	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANEM, RALPH	6.2 NAME	Secretary
STREET ADDRESS	2801 FLORIDA AVE #418	6.3 STREET ADDRESS	Mr. Joquain Luaces
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	7425 S.W. 42nd Avenue

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* / 28/99 305-529-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)