

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AF)


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90057 046 ****70.00

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1st MOORE CR2E037 (10/04)

| | | | |
|---|---------|--|---------|
| DOCUMENT # N22827 | |  | |
| 1. Entity 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HYMAN, MICHAEL E 27TH FLOOR MUSEUM TOWER 150 W FLAGLER STREET MIAMI FL 33130 | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: VP NAME: HESSEL, FRANK J STREET ADDRESS: 2801 FLORIDA AVE STE, 12 CITY-ST-ZIP: COCONUT GROVE FL 33133 <input type="checkbox"/> Delete (VP) | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: PD NAME: SCHRAM, RONALD Y STREET ADDRESS: 1420 NORTH OCEAN BLVD. CITY-ST-ZIP: PALM BEACH FL 33480 <input type="checkbox"/> Delete (P) | | TITLE: _____ NAME: Michael Layter STREET ADDRESS: 2801 Florida Ave #408 CITY-ST-ZIP: Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: TD NAME: PRYOR, BRENDA STREET ADDRESS: 21216 ST. ANDREWS BLVD #216 CITY-ST-ZIP: BOGARTON FL 33493 <input checked="" type="checkbox"/> Delete | | TITLE: _____ NAME: Joaquin Luaces STREET ADDRESS: 3191 Coral Way #107 CITY-ST-ZIP: Miami, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: D NAME: LAUTER, MICHAEL STREET ADDRESS: 2801 FLORIDA AVE, #108 CITY-ST-ZIP: COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: D NAME: PALACIOS, PAT STREET ADDRESS: 2801 FLORIDA AVE STE 12 CITY-ST-ZIP: MIAMI FL 33133 <input type="checkbox"/> Delete (D) | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: D NAME: FITZGERALD, LARS STREET ADDRESS: 2801 FLORIDA AVE., #219 CITY-ST-ZIP: COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete (D) | | TITLE: _____ NAME: Ms. Teresa Valdes STREET ADDRESS: 2801 Florida Avenue #216 CITY-ST-ZIP: Miami, FL 33133 (SEC) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Joaquin Luaces</i> | | Date: <i>2/01/05</i> Daytime Phone: <i>305-442-7404</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone | |

ATTACHMENT

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N22827

**GROVE SQUARE CONDOMINIUM
ASSOCIATION, INC.**

2005 BOARD OF DIRECTORS

On January 11, 2005, the Annual Meeting of the Membership and the Special Meeting for the Purpose of Electing Officers to the Board of Directors was held. The election results for the 2005 Board of Directors are as follows:

| | |
|-----------------|----------------------|
| President: | Mr. Ronald Schram |
| Vice President: | Mr. Frank Jay Hessel |
| Treasurer: | Mr. Michael Lauter |
| Secretary: | Ms. Teresa Valdes |
| Director: | Mr. Joaquin Luaces |
| Director: | Ms. Pat Palacios |
| Director: | Mrs. Carmen Rojas |