


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N22827 1. Entity Name GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2801 FLORIDA AVE. COCONUT GROVE, FL 33133	Mailing Address 2801 FLORIDA AVENUE MANAGEMENT OFFICE COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0016544	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HYMAN, MICHAEL E 27TH FLOOR MUSEUM TOWER 150 W FLAGLER STREET MIAMI, FL 33130

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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: _____ DATE: _____

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

Filing Fee is \$81.25 Due by May 1, 2008	9. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, ELIZABETH 18001 OLD CUTLER ROAD, SUITE #600 PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, AARON Y 18001 OLD CUTLER ROAD, SUITE #600 PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAUTER, MICHAEL 2801 FLORIDA AVENUE, UNIT #408 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, TERESA 2801 FLORIDA AVENUE, UNIT #216 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAAR, STEVEN 2801 FLORIDA AVENUE, UNIT #404 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARVETT, FREDRICK 18001 OLD CUTLER ROAD, SUITE #600 PALMETTO BAY, FL 33157

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06/04/08-80050-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the 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: *Matthew* 1-10-08 (305) 442-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #