

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2012  
Secretary of State**

DOCUMENT# N22827

Entity Name: GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 FLORIDA AVE.  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2801 FLORIDA AVE.  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-0016544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HYMAN, MICHAEL E  
27TH FLOOR MUSEUM TOWER  
150 W FLAGLER STREET  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NAAR, STEVEN D  
Address: 2801 FLORIDA AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: TD  
Name: CASTAGNA, UGO  
Address: 2801 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: S  
Name: VALDES, TERESA  
Address: 2801 FLORIDA AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: LAUTER, MICHAEL  
Address: 2801 FLORIDA AVENUE, UNIT #408  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: CHEHAB, FARID  
Address: 2801 FLORIDA AVENUE, SUITE #15  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN D NAAR

P

01/05/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date