


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90213 007 \*\*\*\*70.00

**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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-0016544** Applied For  
Not Applicable

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

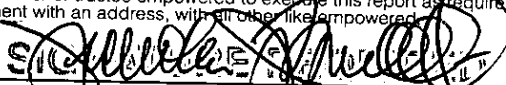
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HESSEL, FRANK J</b> <b>2801 FLORIDA AVE STE, 12</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHRAM, RONALD Y</b> <b>139 N COUNTY RD STE 18C</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PRYOR, BRENDA</b> <b>21218 ST. ANDREWS BLVD #216</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FITZGERALD, LARS</b> <b>2801 FLORIDA AVE #219</b> <b>COCONUT GROVE FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PALACIOS, PAT</b> <b>2801 FLORIDA AVE STE 12</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LUACES, JOAQUIN</b> <b>3191 CORAL WAY, STE #107</b> <b>MIAMI FL 33145</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Estevez - S</b> <b>Project Advisors Corp.</b> <b>7001 S.W. 61st Avenue</b> <b>Miami, FL 33143</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dick Barbella</b> <b>Project Advisors Corp.</b> <b>7001 S.W. 61st Avenue</b> <b>Miami, FL 33143</b>	<input checked="" type="checkbox"/> Change <input 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:  **2/3/03 (305) 442-7404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)