

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753959

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC7633841655**

**Entity Name:** GROVE TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2843 S BAYSHORE DR.  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2843 S BAYSHORE DR.  
COCONUT GROVE, FL 33133

**FEI Number:** 59-2622297

**Certificate of Status Desired:** No

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title P  
Name BLUM, SAMUEL  
Address 2843 S BAYSHORE DR UNIT P1-F  
City-State-Zip: COCONUT GROVE FL 33133

Title S  
Name TEGER, FRED  
Address 2843 S BAYSHORE DR, UNIT 6-C  
City-State-Zip: COCONUT GROVE FL 33133

Title T  
Name KRUSS, ANDREW  
Address 2843 S BAYSHORE DR UNIT 8-B  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name POWER, JEFFREY  
Address 2843 S BAYSHORE DR UNIT 16-D  
City-State-Zip: COCONUT GROVE FL 33133

Title VP  
Name NEWMAN, RUSSELL  
Address 2843 S BAYSHORE DR UNIT 5-B  
City-State-Zip: MIAMI FL 33131

*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:** RUSSELL NEWMAN

**VICE PRESIDENT**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date