

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001964

**Entity Name:** GROVE AT GRAND BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**7325706126CC**

**Current Principal Place of Business:**

2669 SOUTH BAYSHORE DRIVE  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

8200 NW 33 STREET  
SUITE 300  
MIAMI, FL 33122 US

**FEI Number: 81-1661345**

**Certificate of Status Desired: No**

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

KW PROPERTY MANAGEMENT & CONSULTING  
2669 SOUTH BAYSHORE DRIVE  
MANAGEMENT OFFICE  
COCONUT GROVE, FL 33133 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: CHRISTINA CHACON**

**01/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LURIA COHEN, NANCY  
Address        2669 SOUTH BAYSHORE DRIVE  
                  MGMT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            T, TREASURER  
Name            JACOBUS, ANDREW  
Address        2669 SOUTH BAYSHORE DRIVE  
                  MGMT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            DIRECTOR  
Name            DOUCET, DIDIER  
Address        2669 SOUTH BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            SECRETARY  
Name            KRAMER, ROBERT ESQ.  
Address        2669 SOUTH BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: COCONUT GROVE FL 33133

Title            VP  
Name            HESSEL, FRANK JAY  
Address        2669 SOUTH BAYSHORE DRIVE  
                  MANAGEMENT OFFICE  
City-State-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: NANCY LURIA COHEN**

**PRESIDENT**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date