

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

DOCUMENT# N22827

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**6169315371CC**

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

**Current Principal Place of Business:**

2801 FLORIDA AVE  
MANAGEMENT OFFICE SUITE #100  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2801 FLORIDA AVE.  
MANAGEMENT OFFICE SUITE #100  
COCONUT GROVE, FL 33133 US

**FEI Number:** 65-0016544

**Certificate of Status Desired:** Yes

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

HALPERN RODRIGUEZ LLP  
355 ALHAMBRA CIRCLE  
SUITE #1101  
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:** MARC HALPERN

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LEVINE, ROBERT  
Address        2801 FLORIDA AVENUE  
                  MANAGEMENT OFFICE-SUITE #100  
City-State-Zip: COCONUT GROVE FL 33133

Title           PRESIDENT  
Name           WENZEL, PETER  
Address        2801 FLORIDA AVENUE  
                  MANAGEMENT OFFICE-SUITE #100  
City-State-Zip: COCONUT GROVE FL 33133

Title           DIRECTOR  
Name           CHEHAB, FARID  
Address        2801 FLORIDA AVENUE  
                  MANAGEMENT OFFICE-SUITE #100  
City-State-Zip: COCONUT GROVE FL 33133

Title           VP  
Name           LAUTER, MICHAEL  
Address        2801 FLORIDA AVE.  
                  MANAGEMENT OFFICE-SUITE #100  
City-State-Zip: COCONUT GROVE FL 33133

Title           SECRETARY  
Name           POSSE, MARIO  
Address        2801 FLORIDA AVE.  
                  MANAGEMENT OFFICE-SUITE #100  
City-State-Zip: COCONUT GROVE FL 33133

Title           DIRECTOR  
Name           LUACES, BRENDA  
Address        2801 FLORIDA AVE.  
                  MANAGEMENT OFFICE-SUITE #100  
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:** MARIO POSSE

**SECRETARY**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date