2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22827

Entity Name: GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 25, 2022
Secretary of State
2430631026CC

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 01/25/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name LEVINE, ROBERT Name WENZEL, PETER

Address 2801 FLORIDA AVENUE Address 2801 FLORIDA AVENUE

MANAGEMENT OFFICE-SUITE #100 MANAGEMENT OFFICE-SUITE #100

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title VP Title DIRECTOR

Name LAUTER, MICHAEL Name SCHWEID, IAN

Address 2801 FLORIDA AVE. Address 2801 FLORIDA AVE.

MANAGEMENT OFFICE-SUITE #100 MANAGEMENT OFFICE-SUITE #100

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER Title SECRETARY

Name D'AURIA, BRUCE JOHN Name GIUSTO, SHERRIE

Address 2801 FLORIDA AVE. Address 2801 FLORIDA AVE.

MANAGEMENT OFFICE SUITE #100

COCONUT GROVE FL 33133

MANAGEMENT OFFICE SUITE #100

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR

City-State-Zip:

Name DIAMOND, ANDREW 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: SHERRIE GIUSTO SECRETART 01/25/2022