

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004380

**Entity Name:** GROVE ESTATES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

9697 ORCHID GROVE TRAIL  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

9697 ORCHID GROVE TRAIL  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 65-0645780

**Certificate of Status Desired:** No

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

WASSERSTEIN, P.A.  
WASSERSTEIN, P.A.  
301 YAMATO ROAD SUITE 2199  
BOCA RATON, FL 33431 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:** DANIEL WASSERSTEIN

03/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KARSON, MARTIN  
Address        9785 LEMONWOOD DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            VP  
Name            PARKER, WAVERLY  
Address        9803 LEMONWOOD DR.  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            KUSHNER, MAC  
Address        9831 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            WEINSTEIN, STEPHEN  
Address        9795 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title            SECRETARY  
Name            KATZ, EVALYN  
Address        9797 LEMONWOOD DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREASURER  
Name            SHUSTERMAN, DONALD  
Address        9711 LEMONWOOD WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            SIGAL, EVELYNE  
Address        9821 LEMONWOOD DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            LEVY, HOWARD  
Address        9826 LEMONWOOD DR  
City-State-Zip: BOYNTON BEACH FL 33437

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*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:** MARTIN KARSON

PRESIDENT

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BRODA, WILLIAM  
Address        9792 LEMONWOOD CT  
City-State-Zip: BOYNTON BEACH FL 33437