

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42725 (4)

1. Corporation Name

**ARBORETUM IN THE GROVE HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**2962 RUTH ST.
COCONUT GROVE FL 33133**

**2962 RUTH ST.
COCONUT GROVE FL 33133**



3. Date Incorporated or Qualified
03/26/1991

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0256530

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGGA, MAGGIE E
2962 RUTH ST.
COCONUT GROVE FL 33133**

81 Name

JOANNE SABATINO

82

Street Address (P.O. Box Number is Not Acceptable)

2962 RUTH ST.

83

84 City

COCONUT GROVE

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joanne Sabatino

(New Registered Agent signature required when replacing)

3/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D GREGGA, MAGGIE**
STREET ADDRESS **3122 PAOLA DR.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D SABATINO, JOANNE**
1.3 STREET ADDRESS **3145 PEACHY ST.**
1.4 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☒ DELETE
NAME **D ROJAS, ARTURO**
STREET ADDRESS **3124 PAOLA**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D MICHAEL GRIFFITH**
2.3 STREET ADDRESS **3152 PEACHY ST.**
2.4 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ DELETE
NAME **VD SOLORZANO, ARIEL**
STREET ADDRESS **3125 PAOLA**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Sabatino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNE SABATINO

3/13/96
Date
445-9210
Daytime Phone #

CR2E037 (12/95)