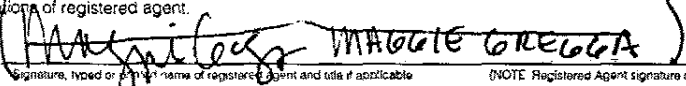
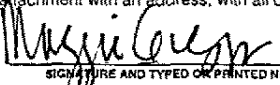


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N42725 1. Entity Name ARBORETUM IN THE GROVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2962 RUTH ST. COCONUT GROVE, FL 33133		Mailing Address 2962 RUTH ST. COCONUT GROVE, FL 33133	
DO NOT WRITE IN THIS SPACE			
		01132005. No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0256530	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GREGGA, MAGGIE 3122 PAOLA DR COCONUT GROVE, FL 33133		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligation of registered agent. SIGNATURE:  MAGGIE GREGGA 1/15/05 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE J000000186024 01/21/05-80040-012 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGGA, MAGGIE 3122 PAOLA DR COCONUT GROVE, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERTZ, RONALD 3146 PEACHY STREET COCONUT GROVE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIJALIS, ELAINE 3155 PEACH ST. COCONUT GROVE, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10, or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  MAGGIE GREGGA 1/15/05 305479-5285 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Phone #			