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	Mailing Address
2962 RUTH ST. COCONUT GROVE, FL 33133	2962 RUTH ST. COCONUT GROVE, FL 33133

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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

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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 obligations 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

TITLE	PD
NAME	GREGGA, MAGGIE
STREET ADDRESS	3122 PAOLA DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VPD
NAME	HERTZ, RONALD
STREET ADDRESS	3146 PEACHY STREET
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	STD
NAME	MIJALIS, ELAINE
STREET ADDRESS	3155 PEACH ST.
CITY-ST-ZIP	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	

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01/21/05-80040-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/15/05 305 479-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #