2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 08, 2004 8:00 am Secretary of State DOCUMENT # N42725 07-08-2004 90189 045 ****61.25 1. Entity Name ARBORETUM IN THE GROVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2962 PUTHST 2962 PUTHST. COCONUT GROVE FL 331233 COCONUT GFOXE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chg-NP CR2E037 (10/03) Applied For FEI Number 65-0256530 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREGGA, MAGGIE Street Address (P.O. Box Number is Not Acceptable) 3122 PAOLA DR COCONUT GROVE, FL 33133 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE NTLE GREGGA PAOLA MAGGIE NAME NAME 3122 PAOLA DR STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition Delete nne TITLE HERTZ, RONALD NAME NAME 3146 PEACHY STREET STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition MIJALIS, ELAINE_ NAME NAME STREET ADORESS 3155 PEACH ST. STREET ADDRESS COCCURUT OFFE H 18133 C ROUF UIT-ST-ZP CITY-ST-7IP this Delete TITLE ☐ Change ☐ Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZP City-St-ZIP ☐ Change ☐ Addition Delete TITLE 4 NAME STREET ADDRESS STREET ADDRESS CITY-ST-OF CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

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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.

1.2.04