


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90189 045 ****61.25

DOCUMENT # N42725 1. Entity Name ARBORETUM IN THE GROVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2962 FUJH ST. COCONUT GROVE FL 33133			Mailing Address 2962 FUJH ST. COCONUT GROVE FL 33133		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0256530	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREGGA, MAGGIE 3122 PAOLA DR COCONUT GROVE, FL 33133					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	Change	Addition
	PD GREGGA, MAGGIE	<input type="checkbox"/>			
	3122 PAOLA DR				
	COCONUT GROVE, FL 33133				
	VPD HERTZ, RONALD	<input type="checkbox"/>			
	3146 PEACHY STREET				
	COCONUT GROVE, FL				
	STD MIJALIS, ELAINE	<input type="checkbox"/>			
	3155 PEACH ST.				
	COCONUT GROVE, FL 33133 GROVE				
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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 <i>Maggie Gregg</i> 7.2.04					