

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42725

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ARBORETUM IN THE GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2962 RUTH ST.  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

3147 PEACHY STREET  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2962 RUTH ST.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

3147 PEACHY STREET  
COCONUT GROVE, FL 33133

**FEI Number:** 65-0256530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDIVIA, CARMEN  
3147 PEACHY ST  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VALDIVIA, CARMEN  
Address: 3147 PEACHY ST  
City-St-Zip: MIAMI, FL 33133

Title: VPD ( ) Delete  
Name: ROMAS, CLAUDIA  
Address: 3121 PAOLA DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD ( ) Delete  
Name: RUIZ, MIRELLA  
Address: 3155 PEACH ST.  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VALDIVIA, CARMEN  
Address: 3147 PEACHY ST  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN VALDIVIA

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date