SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 26 1997 8:00 am
Secretary of State

DOCUMENT # N94000005448 (5)

1. Corporation Name

ATRIUM IN THE GROVE CONDOMINIUM ASSOCIATION, INC

FAX AUDIT #: FLORIDA

REINSTATEMENT 9/ao

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2809 BIRD AVE. SUITE 309 COCONUT GROVE FL	2809 BIRD AVE. SUITE 309 COCONUT GROVE FL

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address BIRD PROPERTIES, INC.
26 11636 N KENDALL DR
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33176 Country 30 USA

3. Date Incorporated or Qualified: 11/01/1994
3a. Date of Last Report: 08/02/1996
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

ZIPPER, ADAM S
1500 SAN REMO AVE.
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**

81 Name ALFREDO BILD
82 Street Address (P.O. Box Number is Not Acceptable) 11636 N KENDALL DR
83
84 City MIAMI FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Alfredo Bild 11/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	COVIN, GREGGORY S	
STREET ADDRESS	2809 BIRD AVE., SUITE 309	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DV	☐ DELETE
NAME	COVIN, DOUGLAS	
STREET ADDRESS	2809 BIRD AVE., SUITE 309	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DST	☐ DELETE
NAME	COVIN, JUDITH	
STREET ADDRESS	2809 BIRD AVE., SUITE 309	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E037 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.