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Mar 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N94000005448 (5)**

1. Corporation Name

ATRIUM IN THE GROVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2809 BIRD AVE.
SUITE 309
COCONUT GROVE FL**

**BILD PROPERTIES, INC.
11636 N. KENDALL DRIVE
MIAMI FL 33176**

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11636 N. Kendall Dr.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 City & State

24 Zip 33176 25 Country U.S.A.

29 Zip 30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**BILD, ALFREDO
11636 N. KENDALL DRIVE
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME COVIN, GREGGORY S
STREET ADDRESS 2809 BIRD AVE., SUITE 309
CITY-ST-ZIP COCONUT GROVE FL ☒ DELETE

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME BERNARD ZEU RUFFINEU
1.3 STREET ADDRESS 3043 ORANGE ST
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DV ☒ DELETE
NAME COVIN, DOUGLAS
STREET ADDRESS 2809 BIRD AVE., SUITE 309
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME EURIQUE LOPEZ
2.3 STREET ADDRESS 3045 ORANGE ST.
2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DST ☒ DELETE
NAME COVIN, JUDITH
STREET ADDRESS 2809 BIRD AVE., SUITE 309
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME ANTONIO LIMA
3.3 STREET ADDRESS 3049 R ORANGE ST
3.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

Alfredo Bild

2/20/98

CP2E037 (10/97)