2000	UNT	OKW BO21	NESS REPU	KI (OR	<b>{}</b>	,				
DOCUMENT # N9400005448(5)  1. Entity Name						FILED				
Atrium in the Grove Condominium Association, Inc.						00 JUN -5 PM 3: 03				
Principal Place of Business Mailing Address						SECHETARY OF STATE: TALLAMASSEE, FLORIDA				
304				(maccin	1.14.4io Q C D	-, , , , ,	,,,,,			
				•		<u> </u>				
2. Principal Pla		ss alty Services	3. Mailing Address c/o Arvida Rea	lty Servic	es.					
Suite, Apt. #			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		ixie <u>Highway</u>	12695 South Dixie Highway City & State							
City & State  Miami FL			Miami FL			4. FEI Number   Applied For   .65-0338072   Not Applicable				
Zip		Country	Zip	Country			e of Status Desired		\$8.75 Add	
33156	6 Name a	INDICATE OF CURRENT R	Registered Agent	USA						ıd <del>*-</del>
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Ray, Barbara										
<u>L</u>						<del></del>				
						(P.O. Box Number is Not Acceptable) O Arvida Realty Services 695 S. Dixie Highway				
							TXIE HIGHWA	<u>у</u>		
				City	Mia	ami		FL	3389	<u>.</u>
8. The above	named entity	submits this statement for	the purpose of changing its r	registered office or	register	red agent, or bo	oth, in the state of Flo	rida.	<u> </u>	<del></del>
	_	<b>a</b> .	• .						•	
SIGNATURE _	Bar	were Rays C		Ray, CAM		<del></del>	y Manager	4/,24/	00.	<del></del>
and the second second second	Signature, typed o	or printed name of register agent a	nd the ir applicable. (NOTE:	Registered Agent signatu	ne rednived	I when reinstating)	There are some and a second	DATE		
	FILE	iow	9. Election Campaign	Financing		0 May Be	Mak	e Check P	lavekle :-	gagaraga da kabupatan da kabupat Kabupatan da kabupatan da kabupat Kabupatan da kabupatan da kabupat
, Aq	FEE IS	44、 · · · · · · · · · · · · · · · · · ·	Trust Fund Contribu	ition.		d to Fees	新された。 大名 · 株立 で E A TEM 、 ・ 1 - 1 3 3 2 2	partment		Tomoreo was a serior of the se
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS (C)	HANGES TO OFFICE	DC AND DIC	ECTODO A	ne e la Riche de la Colonia. La 10a
TITLE	D	OFFICERIO AND DIT	☐ Defele	TITLE		ADDITIONS/CI	TANGES TO OFFICE	NS AND DIN	Change	Addition
NAME	_	on, Danyell		NAME						
STREET ADDRESS		range Street		STREET ADDRESS CITY-ST-ZIP						
THE STEEL	Ī	it Grove, FL 3	3133 Delete	TITLE	<del></del>		<del></del>			
N-ME	D -		LJ Delete	NAME		40	000033	<b>379</b> 4	Linange	Addition
STREET ADDRESS	Boulet	:, Fabrice		STREET ADDRESS		. #	-06/28/00 ****297.	7010 (	"UUlU ***297.	
CiTY-ST-ZiP+		)range Street it Grove, FL 3		CITY-ST-ZIP	·		************************************	.DU ***		
TITLE	D		☐ Delete	TITLE	ہ ما	- "			Change	Addition
STREET ADDRESS	Isles	David Orange Street	* *	STREET ADDRESS						
CITY-ST-ZIP	Coconu	it Grove, FL 3	3133	CITY-ST-ZIP		<del></del>				
TITLE	,D		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	Laird,	Judson Franci Grange Street	is	NAME STREET ADDRESS						
CITY-ST-ZIP		it Grove, FL 3		CITY-ST-ZIP					•	
TITLE	D	~~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	☐ Delete	TITLE			- execute to the	A Bare C	( ) prof	Addition '
NAME	Silver	NAME	NAME		ATEME			7 <b>7</b> 0		
STREET ADDRESS CITY-ST-ZIP	3045K Orange Street			STREET ADDRESS CITY-ST-ZIP	E hade did to the control of the con					12
ILLE		it Grove, FL 3. Langue	3133 Delete	THILE	<del> </del> -	<del></del> -	<del></del>		☐ Change	Addition
NAME		Arm RAM	in perse	NAME		,			L Change	FT] WOULDIT
STREET ADDRESS	12649	S Dixie Hig	jhas · · ·	STREET ADDRESS	- "		محمد المحمد	Carrier and a second second		
CITY-ST-ZIP	hea	m. F1 23150	/	CITY-ST-ZIP	L	· ·				
12. I hereby indicated	certify that thi d on this repor	a information supplied with it or supplemental report is	n this filling does not qualify for s true and accurate and that m	the exemption states by signature shall h	ted in Se ave the	ection 119.07(3 same legal effe	l)(i), Florida Statutes. ect as if made under	I further cert oath: that I a	tify that the i .m an officer	nformation or director

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:

Barbars Ray Peop 4/24/up (305) 235-34/11 y 23

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daylone Phone #