

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/61

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90002 047 \*\*\*\*61.25

**DOCUMENT # N94000005448**

1. Entity Name

**ATRIUM IN THE GROVE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

C/O ARVIDA REALTY SERVICES  
 12695 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156  
 US

Mailing Address

C/O ARVIDA REALTY SERVICES  
 12695 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0338072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, BARBARA**  
**C/O ARVIDA REALTY SERVICES**  
**12695 SOUTH DIXIE HIGHWAY**  
**MIAMI FL 33156**

Name

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

City

**FL**

Zip Code

8. If 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PM** ☐ Delete  
 NAME **RAY, BARBARA**  
 STREET ADDRESS **12695 S. DIXIE HIGHWAY**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SCHMIDT, ROBERT**  
 STREET ADDRESS **3043 ORANGE ST.**  
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **D** ☒ Delete  
 NAME **FERGUSON, DANYELL**  
 STREET ADDRESS **3047 ORANGE STREET**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BOULET, FABRICE**  
 STREET ADDRESS **3043 ORANGE STREET**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **ISLES, DAVID**  
 STREET ADDRESS **3045 ORANGE STREET**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LAIRD, JUDSON F**  
 STREET ADDRESS **3049 ORANGE STREET**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SILVER, KENNETH**  
 STREET ADDRESS **3045R ORANGE STREET**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA RAY AS PRESIDENT (305) 235-3411**  
 Date **7/27/01** Daytime Phone #

CR2E037 (5/01)