

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION - ANNUAL REPORT 1996



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

DOCUMENT # **N21544 (4)**
1. Corporation Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
C/O DENNIS PONN
250 VALENCIA S-A
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified **07/14/1987** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **10 DAVID CARLISLE** 26 **10 DAVID CARLISLE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1 SE 3rd Ave, 28 Floor** 27 **1 SE 3rd Ave, 28 Floor**
City & State City & State
23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**
Zip Country Zip Country
24 **33131** 25 **USA** 29 **33131** 30 **USA**

4. FEI Number **59-2823417** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PONN, DENNIS
250 VALENCIA AVE
S-A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name **Lewis J. Levey**
82 Street Address (P.O. Box Number is Not Acceptable) **2655 LeJeune Road # 906**
83
84 City **Coral Gables** FL 85 Zip Code **33134**

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 *[Signature]* **1/24/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonlisting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, LAWRENCE S	
STREET ADDRESS	69 MERRICK WAY #208	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	PONN, DENNIS	
STREET ADDRESS	250 VALENCIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARLISLE, DAVID	
STREET ADDRESS	2199 PONCE DE LEON BLVD. S.200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REHR, MICHAEL E	
STREET ADDRESS	3081 SALZEDO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SARGENT, JOANN	
STREET ADDRESS	2001 SW 117 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVEY, LEWIS J	
STREET ADDRESS	2655 LE JEUNE ROAD #906	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID CARLISLE	
13 STREET ADDRESS	1 SE. 3rd AVE, 28th Floor	
14 CITY-ST-ZIP	MIAMI FLA 33131	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lewis Levey	
23 STREET ADDRESS	2655 LeJeune Road #906	
24 CITY-ST-ZIP	CORAL GABLES FLA. 33134	
31 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	THOMAS GARY	
33 STREET ADDRESS	301 ALMERIA AVE # 3	
34 CITY-ST-ZIP	CORAL GABLES FLA 33134	
41 TITLE	Theo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ALISON D. HOCKMAN	
43 STREET ADDRESS	325 ALMERIA AVE	
44 CITY-ST-ZIP	CORAL GABLES FLA 33134	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Dennis Ponn	
53 STREET ADDRESS	250 VALENCIA AVE	
54 CITY-ST-ZIP	CORAL GABLES FLA 33134	
61 TITLE	Lawrence Allen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	69 MERRICK WAY #208	
63 STREET ADDRESS	CORAL GABLES FLA 33134	
64 CITY-ST-ZIP	CORAL GABLES FLA 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **1/10/96** **805-426-7000**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)