


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N21544

1. Entity Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED



Principal Place of Business 912 VALENCIA AVENUE CORAL GABLES, FL 33134 US	Mailing Address 912 VALENCIA AVENUE CORAL GABLES, FL 33134 US
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04012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

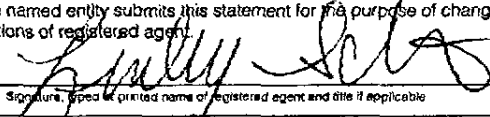
4. FEI Number 59-2823417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAUNDERS-MESKE, TERESA N ESQ
 912 VALENCIA AVENUE
 CORAL GABLES, FL 33134**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  3/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROEN, JAMES P 1320 S. DIXIE HIGHWAY, PH CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D SAUNDERS-MESKE, TERESA N 912 VALENCIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SCHATZMAN, LINLEY B 1320 SOUTH DIXIE HWY, PH CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HARRISON, KEN 2801 PONCE DE LEON BLVD, SUITE 750 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/06-80096-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/31/06 305-546-743
Signature and typed or printed name of signee, officer or director Date Daytime Phone #