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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41683

1. Corporation Name

**THE HISTORIC HOMEOWNERS ASSOCIATION OF CORAL GAB
LES, INC.**

Principal Place of Business
2550 WORLD TRADE CENTER
80 SW 8TH ST.
MIAMI FL 33130

Mailing Address
2550 WORLD TRADE CENTER
80 SW 8TH ST.
MIAMI FL 33130



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0261797	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAMIAN, VINCENT E., JR, ESQUIRE
2550 WORLD TRADE CENTER
80 SW 8TH STREET
MIAMI FL 33130

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CEFALO, CAROLYN J.	1.2 NAME	
STREET ADDRESS	5108 MAGGIORE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, SARAH	2.2 NAME	
STREET ADDRESS	665 NORTH GREENWAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAMIAN, VINCENT E., JR	3.2 NAME	
STREET ADDRESS	1115 N. GREENWAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEAKE, MARTIN C.	4.2 NAME	
STREET ADDRESS	400 ALESIO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TYSON, CHRISTOPHER G.	5.2 NAME	
STREET ADDRESS	1498 SEVILLE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WERNER, MICHAEL L.	6.2 NAME	
STREET ADDRESS	5100 MAGGIORE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

305-445-5059

Daytime Phone #

CR2E037 (1/98)