## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41683

FILED Jan 12, 2005 Secretary of State

Entity Name: THE HISTORIC HOMEOWNERS ASSOCIATION OF CORAL GABLES, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0261797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Clarkers is Circusture of Decistors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition Name: SUAREZ, RAUL Name: DENUNZIO, ELISSA

Address: 1328 ASTURIA AVENUE Address: 1335 CASTILE AVENUE
City-St-Zip: MIAMI, FL 33134
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ANDERSON, SARAH
 Name:

 Address:
 665 NORTH GREENWAY DRIVE
 Address:

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DAMIAN, VINCENT E.,, JR
 Name:

 Address:
 1115 N. GREENWAY DR
 Address:

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH S. ANDERSON D 01/12/2005