

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37907 (5)
1. Corporation Name
CORAL GABLES COMMUNITY FOUNDATION, INC.



Principal Place of Business 2511 PONCE DE LEON BLVD 1ST FLOOR SO LOBBY CORAL GABLES FL 33134 US	Mailing Address 2511 PONCE DE LEON BLVD BANK LOBBY CORAL GABLES FL 33134-6019 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/01/1990	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0208290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCKWOOD, KEVIN J 220 MIRACLE MILE SUITE 224 STE. 224 CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent	
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

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	SHUFFIELD, RONALD A
STREET ADDRESS	1360 SO DIXIE HWY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	MENDARO, VICTORIA GARCIA
STREET ADDRESS	830 CREMONA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	CLARKE, PATRICIA H
STREET ADDRESS	1001 SUNSET DR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	LOCKWOOD, KEVIN J
STREET ADDRESS	220 MIRACLE MILE SUITE 224
CITY-ST-ZIP	CORAL GABLES FL
TITLE	M <input checked="" type="checkbox"/> DELETE
NAME	BURNS, GLORIA A
STREET ADDRESS	2511 PONCE DE LEON BLVD BANK LOBBY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald D. Slesnick II
1.3 STREET ADDRESS	827 No. Greenway Drive
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	José A. Calvo II
2.3 STREET ADDRESS	1015 Alonzo Ave.
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BURNS, GLORIA A
5.3 STREET ADDRESS	2511 Ponce de Leon Blvd., Suite 110
5.4 CITY-ST-ZIP	Coral Gables, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)