


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **701923** (5)

1. Corporation Name

THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 607  
COCONUT GROVE FL 33133  
US

P. O. BOX 607  
COCONUT GROVE FL 33133  
US

2. Principal Place of Business

2a. Mailing Address

21 **3500 Main Hwy**

26 **3500 Main Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **COCONUT GROVE FL**

28 **COCONUT GROVE, FL.**

24 **33133**

25 **DADE**

29 **33133**

30 **DADE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/19/1961**

4. FEI Number

**59-6152238**

Applied For

Not Applicable

5. Certificate of Status Desired

**KXX**

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

MITTELMAN, ARNOLD  
3500 MAIN HWY.  
COCONUT GROVE FL 33133

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 CT  
NAME BRENNAN, GEORGE  
STREET ADDRESS 3250 MARY STREET  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE T  
NAME JASON, DORAN  
STREET ADDRESS 8800 DORAL BLVD #101  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE T  
NAME DE LA TORRE, HOMERO  
STREET ADDRESS 501 SW 37TH AVE  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE T  
NAME MARGOLIS, GWEN  
STREET ADDRESS 111 NW 1ST STREET STE 220  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ST  
NAME ADMIRE, JACK  
STREET ADDRESS 2511 PONCE DE LEON BLVD STE 320  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T /Vice-Chairperson ☐ Change ☒ Addition  
1.2 NAME Fox-Rosellini, Susan  
1.3 STREET ADDRESS 328 Crandon Blvd #115/Fox's Fixins  
1.4 CITY-ST-ZIP Key Biscayne, Florida 33149

2.1 TITLE T /Treasurer ☐ Change ☒ Addition  
2.2 NAME Post, Vincent/Group Sr. VP  
2.3 STREET ADDRESS Barnett Bank of South Florida  
2.4 CITY-ST-ZIP 701 Brickell Avenue  
Miami, Florida 33131 33131 ☐ Change ☐ Addition

4.1 TITLE T/Chairperson ☒ Change ☐ Addition  
4.2 NAME Margolis, Gwen  
4.3 STREET ADDRESS 111 NW First Street, Suite 220  
4.4 CITY-ST-ZIP Miami, FL. 33128 ☒ Change ☐ Addition

5.1 TITLE T/Secretary  
5.2 NAME Admire, Jack  
5.3 STREET ADDRESS 2511 Ponce DeLeon Blvd., Suite 320  
5.4 CITY-ST-ZIP Coral Gables, FL. 33143 ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Vincent Fox-Rosellini REQUIRED

4/23/98

CR2E037 (10/97)