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VONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701923

1. Corporation Name

THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business

3500 MAIN HWY
COCONUT GROVE FL 33133
US

Mailing Address

3500 MAIN HWY
COCONUT GROVE FL 33133
US



2. Principal Place of Business

21 3500 MAIN HWY.

Suite, Apt. #, etc.

22 -----

City & State

23 COCONUT GROVE, FL.

Zip

24 33133

Country

25 MIAMI-DADE

2a. Mailing Address

26 3500 MAIN HWY.

Suite, Apt. #, etc.

27 -----

City & State

28 COCONUT GROVE, FL.

Zip

29 33133

Country

30 MIAMI-DADE

3. Date Incorporated or Qualified

01/19/1961

4. FEI Number

59-6152238

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75* Additional Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

MITTELMAN, ARNOLD
3500 MAIN HWY.
COCONUT GROVE FL 33133

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 TVP ☐ DELETE

NAME FOX-ROSELLINI, SUSAN
STREET ADDRESS 328 CRANDON BLVD STE 115/FOX FIXINS
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE TVP ☐ DELETE

NAME POST, VINCENT C/O BA
STREET ADDRESS 701 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

TITLE T ☒ DELETE

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

TITLE TC ☐ DELETE

NAME MARGOLIS, GWEN
STREET ADDRESS 111 NW FIRST ST STE 220
CITY-ST-ZIP MIAMI FL 33128

TITLE TS ☐ DELETE

NAME ADMIRE, JACK
STREET ADDRESS 2511 PONCE DELEON BLVD STE 320
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature] VINCENT POST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

Date

Daytime Phone #

CR2E037 (1/98)