

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751011

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC8474139836**

**Entity Name:** CORAL GABLES CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

224 CATALONIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

224 CATALONIA AVE  
CORAL GABLES, FL 33134

**FEI Number:** 59-0205525

**Certificate of Status Desired:** No

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

TROWBRIDGE, MARK A  
224 CATALONIA AVE  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            TROWBRIDGE, MARK A  
Address        224 CATALONIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            ELDRED, WAYNE  
Address        224 CATALONIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            KNUDSEN, LINDA  
Address        224 CATALONIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            BARAKAT, BRIAN  
Address        224 CATALONIA AVE  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK A. TROWBRIDGE

**PRESIDENT**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date