

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 751011

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

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
#100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
#100  
CORAL GABLES, FL 33134 US

**FEI Number: 59-0205525**

**Certificate of Status Desired: No**

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

TROWBRIDGE, MARK A  
201 ALHAMBRA CIRCLE  
#100  
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        201 ALHAMBRA CIRCLE  
                  #100  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            CHAOUI, ANA  
Address        201 ALHAMBRA CIRCLE  
                  #100  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            HERNANDEZ, SARA M.  
Address        201 ALHAMBRA CIRCLE  
                  #100  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            ADAMS, THAD  
Address        201 ALHAMBRA CIRCLE  
                  #100  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            OTERO, AUDREY  
Address        201 ALHAMBRA CIRCLE  
                  #100  
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**

**09/20/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date