

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004966

**Entity Name:** CORNELL CLUB OF GREATER MIAMI AND THE FLORIDA KEYS, INC.

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**9724903146CC**

**Current Principal Place of Business:**

9702 SW 69 PL  
PINECREST, FL 33156

**Current Mailing Address:**

9702 SW 69 PL  
PINECREST, FL 33156 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PONOMARENKO, ALEXANDER V.  
9702 SW 69 PL  
PINECREST, FL 33156 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:** ALEXANDER PONOMARENKO

04/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PONOMARENKO, ALEXANDER V.  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            CO-PRESIDENT  
Name            ST. LUCE, DANIELLE  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            VP  
Name            ALAYO, JUAN  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            TREASURER  
Name            AVERY, RYAN  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            SECRETARY  
Name            HUSAIN, AILYA  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            OFFICER  
Name            CHUN, STEVEN  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

Title            OFFICER  
Name            CASTELLANOS, TOMAS  
Address        9702 SW 69 PL  
City-State-Zip: PINECREST FL 33156

*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:** RYAN AVERY

**TREASURER**

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date