

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

DOCUMENT# N21544

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC1920664959**

**Entity Name:** THE CORAL GABLES BAR ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

C/O FORS | ATTORNEYS AT LAW  
1108 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 140189  
CORAL GABLES, FL 33114 US

**FEI Number:** 59-2823417

**Certificate of Status Desired:** No

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

FORS | ATTORNEYS AT LAW  
C/O FORS | ATTORNEYS AT LAW  
1108 PONCE DE LEON BLVD.  
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:** JORGE L. FORS, JR.

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANDO, BLAKE S  
Address        9150 S DADELAND BLVD.  
                 SUITE 1400  
City-State-Zip: MIAMI FL 33156  
  
Title            SECRETARY  
Name            FORS, JORGE L JR.  
Address        1108 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title            PRESIDENT-ELECT  
Name            CORREA, ANDRES J  
Address        7700 N. KENDALL DRIVE  
                 SUITE 203  
City-State-Zip: MIAMI FL 33156  
  
Title            TREASURER  
Name            SUSSMAN, WILLIAM C  
Address        PO BOX 565175  
City-State-Zip: MIAMI FL 33256-5175

*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:** JORGE L. FORS, JR.

**SECRETARY**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date