

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004255

Entity Name: BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.**Current Principal Place of Business:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**Current Mailing Address:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**FEI Number:** 65-0782529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOGLIA, MARINA
220 MIRACLE MILE, STE. 234
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:** MARINA FOGLIA

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCILROY , MINDY
Address 801 ARTHUR GODFREY ROAD, SUITE
 600
City-State-Zip: MIAMI BEACH FL 33140

Title VP
Name TRIA, BARBARA
Address 2631 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name WEISSEL, JUDY
Address 626 CORAL WAY, #502
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name FONTE, GUS
Address 311 MIRACLE MILE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name FOGLIA, MARINA
Address 220 MIRACLE MILE, STE. 234
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: MARINA S. FOGLIA**EXECUTIVE DIRECTOR**

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date