

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 704237 (7)**

1. Corporation Name

**THE COUNTRY CLUB OF CORAL GABLES**

Principal Place of Business

**997 N. GREENWAY DRIVE  
CORAL GABLES FL 33134**

Mailing Address

**997 N. GREENWAY DRIVE  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/29/1962**

3a. Date of Last Report

**06/21/1994**

4. FBI Number

**59-0206820**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

7. Nonprofit with IRS 501(c)(3)

**\$68.75 Supplemental**

Tax Exempt Status

☐

**Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSON, JUNE G.**

**997 NORTH GREENWAY DRIVE**

**CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | PD                |
| NAME            | NEAL, ROY D       |
| STREET ADDRESS  | 921 RODERIGO      |
| CITY - ST - ZIP | CORAL GABLES FL   |
| TITLE           | TD                |
| NAME            | HAWKINS, PAUL     |
| STREET ADDRESS  | 914 MALAGA        |
| CITY - ST - ZIP | CORAL GABLES FL   |
| TITLE           | SD                |
| NAME            | FAHRINGER, KAY    |
| STREET ADDRESS  | 547 GIRALDA AVE   |
| CITY - ST - ZIP | CORAL GABLES FL   |
| TITLE           | D                 |
| NAME            | BROWNELL, EDWIN   |
| STREET ADDRESS  | 1207 SOROLLA AVE  |
| CITY - ST - ZIP | CORAL GABLES FL   |
| TITLE           | D                 |
| NAME            | DAGG, ROBERT      |
| STREET ADDRESS  | 1023 VENETIA      |
| CITY - ST - ZIP | CORAL GABLES FL   |
| TITLE           | VPD               |
| NAME            | HEARD, ALLAN P    |
| STREET ADDRESS  | 1252 ALHAMBRA CIR |
| CITY - ST - ZIP | CORAL GABLES FL   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |    |                                                                              |
|---------------------|----|------------------------------------------------------------------------------|
| 1.1 TITLE           | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |    |                                                                              |
| 1.3 STREET ADDRESS  |    |                                                                              |
| 1.4 CITY - ST - ZIP |    |                                                                              |
| 2.1 TITLE           | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |    |                                                                              |
| 2.3 STREET ADDRESS  |    |                                                                              |
| 2.4 CITY - ST - ZIP |    |                                                                              |
| 3.1 TITLE           | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |    |                                                                              |
| 3.3 STREET ADDRESS  |    |                                                                              |
| 3.4 CITY - ST - ZIP |    |                                                                              |
| 4.1 TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |    |                                                                              |
| 4.3 STREET ADDRESS  |    |                                                                              |
| 4.4 CITY - ST - ZIP |    |                                                                              |
| 5.1 TITLE           | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |    |                                                                              |
| 5.3 STREET ADDRESS  |    |                                                                              |
| 5.4 CITY - ST - ZIP |    |                                                                              |
| 6.1 TITLE           | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |    |                                                                              |
| 6.3 STREET ADDRESS  |    |                                                                              |
| 6.4 CITY - ST - ZIP |    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this filing is true and accurate and that my 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 in Block 12 or Block 13, respectively, or as an attachment with an address.

SIGNATURE:

**Allan P. Heard, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

**THE COUNTRY CLUB OF CORAL GABLES  
1995 CORPORATION ANNUAL REPORT**

**ATTACHMENT**

**ADDITIONAL DIRECTORS**

**D**

**Felicisimo S. Basuil  
8133 S. W. 81 Court  
Miami, Fl 33143**

**D**

**George DuBreuil  
600 Biltmore Way  
Coral Gables, Fl 33134**

**DS**

**Jack S. Elmore  
1145 Mariana  
Coral Gables, Fl 33134**

**D**

**Lucene Popp  
7860 S. W. 115 Terrace  
Miami, Fl**

**D**

**Charles W. Skalaski  
2107 Alhambra Circle  
Coral Gables, Fl 33134**

**D**

**Charles H. Terry, Jr.  
1218 Asturia Avenue  
Coral Gables, Fl 33134**