


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **704237** (7)  
1. Corporation Name

**THE COUNTRY CLUB OF CORAL GABLES**



Principal Place of Business	Mailing Address
<b>997 N. GREENWAY DRIVE CORAL GABLES FL 33134</b>	<b>997 N. GREENWAY DRIVE CORAL GABLES FL 33134</b>

3. Date Incorporated or Qualified  
**06/29/1962**

4. FEI Number <b>59-0206820</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMSON, JOHN M  
2800 CARDENA STREET  
VILLA #3  
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAWKINS, PAUL E</b>	
STREET ADDRESS	<b>914 MALAGA AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>POPP, LUCENE</b>	
STREET ADDRESS	<b>7880 S.W. 115TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMSON, JOHN M</b>	
STREET ADDRESS	<b>2800 CARDENA STREET, VILLA 3</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMAS R POST</b>	
1.3 STREET ADDRESS	<b>1212 ALHAMBRA CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MRS LUCENE POPP</b>	
2.3 STREET ADDRESS	<b>PO BOX 560 395</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33256</b>	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DR RICHARD J POLO</b>	
3.3 STREET ADDRESS	<b>430 SUNSET ROAD</b>	
3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33143</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD J. POLO** 4/10/98 448-7464  
Date Daytime Phone # 0028781

CR2E037 (10/97)