

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90201 030 ****70.00

DOCUMENT # 704237

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

484817-90201-30



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0206820

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON, JOHN M
2600 CARDENA STREET
VILLA #3
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POST, THOMAS R
STREET ADDRESS 1212 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

1.1 TITLE PD
1.2 NAME Ray Woodruff
1.3 STREET ADDRESS 1900 SW 57th Ave
1.4 CITY-ST-ZIP MIAMI, FL 33155

☒ Change ☐ Addition

TITLE VPD
NAME POPP, LUCENE MRS
STREET ADDRESS PO BOX 560-395
CITY-ST-ZIP MIAMI FL 33256

☒ DELETE

2.1 TITLE VPD
2.2 NAME Henry Langston
2.3 STREET ADDRESS 3523 LOQUAT AVE
2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

☒ Change ☐ Addition

TITLE SD
NAME POLO, RICHARD J DR
STREET ADDRESS 430 SUNSET ROAD
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

3.1 TITLE SD
3.2 NAME ARNOLD R. PERRY
3.3 STREET ADDRESS 423 PALERMO
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ray WOODRUFF 1/27/99 305-269-0255

CR2E037 (11/98)