

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #704237**

1. Entity 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**



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-0206820**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BORNSTEIN, STURART N  
162 ALCAZAR AVE.  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CORBETT, DOTTIE
STREET ADDRESS	1438 T RILIO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	VPD
NAME	BUDDE, EVELYN
STREET ADDRESS	832 BENEVENTO
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	TD
NAME	ARTHUR, JON
STREET ADDRESS	2420 MADRID ST
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571778  
07/25/06-80001-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dorothy Corbett* **Dorothy Corbett**

*6/29/06* **6/29/06 305-460-0983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #