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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 707049

1. Corporation Name

COCONUT GROVE ASSOCIATION, INC.

Principal Place of Business

2977 MCFARLANE RD
SUITE 301
COCONUT GROVE FL 33133
US

Mailing Address

2977 MCFARLANE RD
SUITE 301
COCONUT GROVE FL 33133
US



2. Principal Place of Business

21 3427 MAIN HIGHWAY

2a. Mailing Address

26 3427 Main Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coconut Grove FL

City & State

28 Coconut Grove FL

Zip Country

24 33133 25

Zip Country

29 33133 30

3. Date Incorporated or Qualified

03/26/1964

4. FEI Number

59-1652630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KUEHNE, BENEDICT, P
2977 MCFARLANE RD
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE
NAME BARRETO, RODNEY
STREET ADDRESS 2977 MCFARLANE RD 301
CITY-ST-ZIP COCONUT GROVE FL

TITLE D ☒ DELETE
NAME KISKING, JOHN
STREET ADDRESS 2977 MCFARLANE RD 301
CITY-ST-ZIP COCONUT GROVE FL

TITLE PD ☒ DELETE
NAME BLAKE, JANE
STREET ADDRESS 2977 MCFARLANE RD 301
CITY-ST-ZIP COCONUT GROVE FL

TITLE VD ☒ DELETE
NAME CUNNINGHAM, JAMES
STREET ADDRESS 2977 MCFARLANE RD
CITY-ST-ZIP COCONUT GROVE FL

TITLE VD ☒ DELETE
NAME GRICE, DARYL
STREET ADDRESS 2977 MCFARLANE RD 301
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Daryl Grice
1.3 STREET ADDRESS 3427 Main Highway
1.4 CITY-ST-ZIP Coconut Grove, FL 33133

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Carlos Chialastri
2.3 STREET ADDRESS 3427 Main Highway
2.4 CITY-ST-ZIP Coconut Grove, FL 33133

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Susan Glass
3.3 STREET ADDRESS 3427 Main Highway
3.4 CITY-ST-ZIP Coconut Grove, FL 33133

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Jackie Mandell
4.3 STREET ADDRESS 3427 Main Highway
4.4 CITY-ST-ZIP Coconut Grove, FL 33133

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Daryl A. Grice
5.3 STREET ADDRESS 3427 Main Highway
5.4 CITY-ST-ZIP Coconut Grove, FL 33133

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

305-447-0401
Daytime Phone #

CR2E037 (11/98)