

DOCUMENT # 707049

1. Entity Name

COCONUT GROVE ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90016 047 ****61.25

Principal Place of Business

Mailing Address

3427 MAIN HWY
COCONUT GROVE FL 33133
US3427 MAIN HWY
COCONUT GROVE FL 33133-5915
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1652630

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Daryl Grice

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

3427 Main Highway

City Coconut Grove

FL

Zip Code

33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	CHIALASTRI, CARLOS	
STREET ADDRESS	3427 MAIN HWY	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KISKING, JOHN	
STREET ADDRESS	3427 MAIN HWY	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MANDELL, JACKIE	
STREET ADDRESS	3427 MAIN HWY	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, JAMES	
STREET ADDRESS	2977 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRICE, DARYL	
STREET ADDRESS	3427 MAIN HWY	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Richard Houlihan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3427 Main Highway	
STREET ADDRESS	Coconut Grove, FL 33133	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Troble Chapa	
STREET ADDRESS	3427 Main Highway	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Korge	
STREET ADDRESS	3427 Main Highway	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)