

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90419 022 \*\*\*\*61.25

**DOCUMENT # 710156**

1. Entity Name  
**PROGRESS CLUB OF MIAMI, INC.**



Principal Place of Business  
**7760 NORTH KENDALL DRIVE  
SUITE 200  
MIAMI, FL 33156 US**

Mailing Address  
**7760 NORTH KENDALL DRIVE  
SUITE 200  
MIAMI, FL 33156 US**

2. Principal Place of Business  
**7700 N. Kendall Dr.**  
Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**7700 N. Kendall Drive.**  
Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Miami, FL**  
Zip  
**33156**

Country  
**USA**

City & State  
**Miami, FL**  
Zip  
**33156**

Country  
**USA**

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1110912**

Applied For  
Not Applicable

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

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

**SCHIMMEL, ROBERT L  
3191 CORAL WAY  
PENTHOUSE 2  
MAIMI, FL 33145**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **DOHAN, STEVEN H MR.**  
STREET ADDRESS **7760 NORTH KENDALL DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **P** ☐ Delete  
NAME **ANGELL, CHARLES MR.**  
STREET ADDRESS **918 NORTH WEST 7 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 331363110**

TITLE **D** ☒ Delete  
NAME **SCHIMMEL, ROBERT L MR.**  
STREET ADDRESS **3191 CORAL WAY, PENTHOUSE 2**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **V** ☐ Delete  
NAME **HAYHURST, PATRICIA**  
STREET ADDRESS **2601 BAYSHORE DRIVE STE 250**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **ST** ☐ Delete  
NAME **WALDMAN, H. SCOTT**  
STREET ADDRESS **200 SOUTH BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI, FL 331312364**

TITLE **D** ☒ Delete  
NAME **MOKHER, JOSEPH**  
STREET ADDRESS **3800 SHIPPING AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE **DIRECTOR** ☒ Change ☐ Addition

TITLE **V** ☒ Change ☐ Addition

TITLE **SEE ATTACHED LIST** ☐ Change ☐ Addition

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.

COUNTY

*Anna Alush*

# ATTACHMENT

50013168  
# 710156

Ana Alleguez, President  
H. Scott Waldman, Vice President  
Patricia Pino, Secretary/Treasurer  
Dan Tasciotti, CLU, CFP, Director  
Thomas Bovee, Director  
Steven H. Dohan, CPA, Director  
Patricia Hayhurst, Director  
Charles Angell, Director  
Joseph Lancaster, Director