## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#723679**

FILED Apr 28, 2005 Secretary of State

Entity Name: MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

**Current Principal Place of Business:** New Principal Place of Business: 7480 FAIRWAY DRIVE 226 EAST FLAGLER STREET #206 #200 MIAMI LAKES, FL 33014 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 7480 FAIRWAY DRIVE 226 EAST FLAGLER STREET #206 #200 MIAMI LAKES, FL 33014 MIAMI, FL 33131 FEI Number: 65-0240302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOWARD, LEONARD ESQ. LENARD, HOWARD ESQ 17011 NÉ 19TH AVE 17011 NE 19TH AVE NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US 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: HOWARD LENARD 04/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VD () Delete () Change () Addition SALVER, ISAAC Name: Name: 1111-96 STREET #211 Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: Title: PD Title: PD (X) Change ( ) Addition ( ) Delete CHERNOTT, JAY R Name: CHERNOFF, JAY R Name: Address: 17011 N.E. 19 AVE. Address: 17011 N.E. 19 AVE. NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition BLACK, DAISY STEINBERG, RICHARD Name: Name: 1700 CONVENTION CENTER DRIVE Address: 500 NE 87TH ST Address: City-St-Zip: EL PORTE, FL 33138 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: (X) Change ( ) Addition BOWE, LESLIÉ Name: Name: GIBSON, SHIRLEY 1515 NW 167 STREET BLDG 5 Address: 11551 S DIXIE HWY Address: City-St-Zip: PINECREST, FL 33156 City-St-Zip: MIAMI GARDENS, FL 33169 Title: Title: () Delete () Change () Addition GONZALEZ, EDUARDO Name: Name: **501 PALM AVENUE** Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MARONO, MANUEL

500 SW 109 AVE SWEETWATER, FL 33174

SIGNATURE: JAY CHERNOFF PD 04/28/2005

RUSSELL, MARY SCOTT

SOUTH MIAMI, FL 39143

6130 SUNSET DR

Name:

Address:

City-St-Zip: