

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734987

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** APOGEE ASSOCIATION, INC.

**Current Principal Place of Business:**

3118 CENTER ST  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3118 CENTER ST  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-1708976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SABOGAL, CARLOS A  
3126 CENTER ST  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

BECKHAM, GAIL  
3138 CENTER ST  
COCONUT GROVE, FL 33133 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:** GAIL BECKHAM

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BECKHAM, GAIL  
**Address:** 3138 CENTER ST  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** V, S  
**Name:** BRAGA, LAURIE D DR.  
**Address:** 3120 CENTER ST  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

**Title:** T  
**Name:** WITKOFF, SHARI DR.  
**Address:** 3122 CENTER ST  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

I hereby 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 all other like empowered.

**SIGNATURE:** DR. LAURIE BRAGA

V, S

01/24/2012

Electronic Signature of Signing Officer or Director

Date