

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737913 (4)**

1. Corporation Name

**THE CENTURY CLUB OF CORAL GABLES, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 43 1232  
S MIAMI FL 33243-8232

PO BOX 43 1232  
S MIAMI FL 33242-1232  
US

3. Date Incorporated or Qualified  
**02/09/1977**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number  
**59-1720616**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWNELL, EDWIN R  
1207 SOROLLA AVE  
CORAL GABLES FL 33134**

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 *E.R. Brownell* **E.R. BROWNELL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **ZAHNER, ROBERT D**  
STREET ADDRESS **11050 PARADELA**  
CITY-STATE-ZIP **CORAL GABLES FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **DuBREUIL, GEORGE**  
1.3 STREET ADDRESS **600 BILTMORE WAY #809**  
1.4 CITY-STATE-ZIP **CORAL GABLES, FL 33134**

TITLE **VD** ☒ DELETE  
NAME **SMITH, GLEN E**  
STREET ADDRESS **8340 SW 141 STREET**  
CITY-STATE-ZIP **MIAMI FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **ELDRIDGE, RICHARD H.**  
2.3 STREET ADDRESS **17143 S. W. 79 PLACE**  
2.4 CITY-STATE-ZIP **MIAMI, FL 33157**

TITLE **VD** ☒ DELETE  
NAME **WITTMER, STEVEN C**  
STREET ADDRESS **1280 BLUE ROAD**  
CITY-STATE-ZIP **CORAL GABLES FL**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **MIDDLETON, JOSEPH L.**  
3.3 STREET ADDRESS **4371 CULTRY DRIVE**  
3.4 CITY-STATE-ZIP **MIAMI, FL 33133**

TITLE **STD** ☐ DELETE  
NAME **BROWNELL, EDWIN R**  
STREET ADDRESS **1207 SOROLLA AVE**  
CITY-STATE-ZIP **CORAL GABLES FL**

4.1 TITLE **STD** ☒ Change ☐ Addition  
4.2 NAME **BROWNELL, EDWIN R.**  
4.3 STREET ADDRESS **1207 SOROLLA AVENUE**  
4.4 CITY-STATE-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☒ DELETE  
NAME **ATKINS, C. C**  
STREET ADDRESS **2040 COUNTRY CLUB PRADO**  
CITY-STATE-ZIP **CORAL GABLES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE  
NAME **BURGESS, BERNEY**  
STREET ADDRESS **4307 SEGOVIA CIRCLE**  
CITY-STATE-ZIP **CORAL GABLES FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *E.R. Brownell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(305) 444-5579**

Daytime Phone #

CR2E037 (12/95)