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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737913

1. Corporation Name

THE CENTURY CLUB OF CORAL GABLES, INC.

Principal Place of Business
P O BOX 140867
CORAL GABLES FL 33134-0867
US

Mailing Address
P O BOX 140867
CORAL GABLES FL 33134-0867
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/09/1977

22 City & State

27 City & State

4. FEI Number
59-1720616

Applied For
Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAHLSTROM, KIM P
1107 GENOA ST
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BUST, ALDO
STREET ADDRESS 550 BILTMORE WY
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE PEOWACK MCCORMICK ☒ Change ☐ Addition
1.2 NAME 1440 Bay Shore Drive
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Miami, FL 33133

TITLE D ☒ DELETE
NAME BOURNE, WILLIAM H
STREET ADDRESS 510 VITTORIO AVE
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ROGER W. SHUTLEFF JR. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1049 CRATAEGIA AVE
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☒ DELETE
NAME PERRIN, HARRY J JR
STREET ADDRESS 6279 SW 88TH CT
CITY-ST-ZIP MIAMI FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME PRIC PHILLIPS
3.3 STREET ADDRESS 8140 SW 62 Ave
3.4 CITY-ST-ZIP Miami, FL 33143

TITLE D ☐ DELETE
NAME WAHLSTROM, KIM P
STREET ADDRESS 1107 GENOA ST
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED P. WAHLSTROM 1-14-99 305-447-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)