

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737913**

1. Entity Name  
**THE CENTURY CLUB OF CORAL GABLES, INC.**



Principal Place of Business  
**145 MADEIRA AVE #209**  
**MIAMI, FL 33134 US**

Mailing Address  
**145 MADEIRA AVE #209**  
**MIAMI, FL 33134 US**



04122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1720616**

Applied For  
Not Applicable

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

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

**WAHLSTROM, KIM P**  
**1107 GENOA ST**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 *K. Wahlstrom* **4-12-05**  
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, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WAHLSTROM, KIM P
STREET ADDRESS	1107 GENOA ST
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	JORDAN, SANDY
STREET ADDRESS	17820 SW 77 AVE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	D
NAME	CURTIS, JOSEPH
STREET ADDRESS	901 SAINT ANDREWS RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000305840  
04/14/05-B0104-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: *K. Wahlstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/05** **305-447-8727**  
Date Daytime Phone #