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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 750660 (3)

1. Corporation Name
COCONUT GROVE LOCAL DEVELOPMENT CORPORATION,INC.

Principal Place of Business	Mailing Address
3670 GRAND AVE COCONUT GROVE FL 33133 US	P O BOX 330075 COCONUT GROVE FL 33233-0075 US

3. Date Incorporated or Qualified: 01/18/1980

4. FEI Number: 59-2056758 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3672 Grand Avenue	26 P.O. Box 330075
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Coconut Grove, Florida	28 Coconut Grove, Florida
24 Zip 33233 / 25 Country	29 Zip 33233-0075 / 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALEXANDER, DAVID J.
6800 SW 75 TERRACE
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLTON, RICHARD		1.2 NAME		
STREET ADDRESS	3350 HIBISCUS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOX, RONALD		2.2 NAME		
STREET ADDRESS	3481 HIBISCUS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HART, DOROTHY		3.2 NAME		
STREET ADDRESS	9301 NW 7TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PANCOAST, LESTER		4.2 NAME	Mr. Louis Wechsler	
STREET ADDRESS	2984 AVIATION AVE.		4.3 STREET ADDRESS	3669 Royal Palm Ave.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Coconut Grove, Fla. 33133	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMES R		5.2 NAME		
STREET ADDRESS	3680 THOMAS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SILVA, VERNEKA		6.2 NAME		
STREET ADDRESS	3587 HIBISCUS STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Mr. David J. Alexander 3/5/98 (305) 446-3095