


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 009 \*\*\*\*61.25

**DOCUMENT # 753680**

1. Entity Name  
**THE COCONUT GROVE CIVIC CLUB, INC.**



40034468



Principal Place of Business  
**P.O. BOX 381  
 COCONUT GROVE, FL 33133**

Mailing Address  
**P.O. BOX 381  
 COCONUT GROVE, FL 33133-0381 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02212008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

**NELSON, RON**  
**2535 INAGUA AVENUE**  
**MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name  
**Nelson, Joyce**

Street Address (P.O. Box Number is Not Acceptable)  
**2535 Inagua Avenue**

City  
**Coconut Grove FL 33133**

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 Joyce Nelson DATE 2-26-08

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, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, RON 2535 INAGUA AVENUE COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAHL, TED 2867 DAY AVENUE COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, JONI 3635 AVOCADO LN MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY, KITTY 1896 TIGERTAIL COCONUT GROVE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nelson, Joyce 2535 Inagua Avenue Coconut Grove, Florida 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Ted Stahl Ted Stahl 2-26-08 305 444-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #