

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000099

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CORAL GABLES CHAMBER OF COMMERCE FOUNDATION, INC.

**Current Principal Place of Business:**

224 CATALONIA AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

224 CATALONIA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 84-1629609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROWBRIDGE, MARK A  
224 CATALONIA AVE  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** STD  
**Name:** ARTECONA, SARAH  
**Address:** 1252 MEMORIAL DRIVE, ASHE BLDG., SUITE 230  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** D  
**Name:** TROWBRIDGE, MARK A  
**Address:** 260 HIBISCUS DRIVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** P  
**Name:** O'ROURKE, JOHN  
**Address:** 75 MIRACLE MILE  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK A TROWBRIDGE

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date