2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N04000000259

Entity Name: CORAL GABLES YOUTH CENTER HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

80 S.W. EIGHTH ST.
SUITE 2550
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

80 S.W. EIGHTH ST.
SUITE 2550
CORAL GABLES, FL 33130 US

New Mailing Address:

255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 US

FEI Number: 41-2126547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMIAN, VINCENT E JR.
80 S.W. EIGHTH ST.
SUITE 2550
MIAMI, FL 33130 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: PD ( ) Delete
Name: THOMPSON, STEVEN
Address: 427 CADIMA AV
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD ( ) Delete
Name: GUARCH, JORGE M JR.
Address: 808 SOROLLA AV
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete
Name: PARKE, JAMES B
Address: 426 SARTO AV
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD ( ) Delete
Name: DURANO, AURELIO
Address: 322 ALECIO AV
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete
Name: MAS, JUAN A
Address: 416 SARTO AV
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN THOMPSON PD 01/14/2008

Electronic Signature of Signing Officer or Director — Date