


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33423** (7)

1. Corporation Name  
**THE NOTRE DAME CLUB OF MIAMI, INC.**



Principal Place of Business <b>P.O. BOX 144636 CORAL GABLES FL 33114-4636</b>	Mailing Address <b>P.O. BOX 144636 CORAL GABLES FL 33114-4636</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/24/1989</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ALCIDES AYILDA, ESQ C/O HOLLAND &amp; KNIGHT 701 BRICKELL AVE. MIAMI FL 33131</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLANCK, ROBERT W</b>	1.2 NAME	<b>Jim Robertson</b>
STREET ADDRESS	<b>5730 SW 74 ST.</b>	1.3 STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 3350</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCK, JAN</b>	2.2 NAME	
STREET ADDRESS	<b>7701 SW 51 AVE.</b>	2.3 STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 3350</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AVILA, ALCIDES, I.</b>	3.2 NAME	<b>Dave Marshall</b>
STREET ADDRESS	<b>701 BRICKELL AVE.</b>	3.3 STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 3350</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINS, CHRISTOPHER M</b>	4.2 NAME	<b>D</b>
STREET ADDRESS	<b>2901 S. BAYSHORE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Jim Zaverntik</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 3350</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Sharon Fisher</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>100 S.E. 2nd Street, Suite 3350</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ 6/13/98 3051789-778

CR2E037 (10/97)

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Addendum to  
Notre Dame Club of Miami

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Adeline Kassin  
100 S.E. 2nd Street  
Suite 3350  
Miami, FL 33131

D  
John McGuire  
100 S.E. 2nd Street  
Suite 3350  
Miami, FL 33131

D  
Grace McGuire  
100 S.E. 2nd Street  
Suite 3350  
Miami, FL 33131

D  
Francesca Marotta  
100 S.E. 2nd Street  
Suite 3350  
Miami, FL 33131

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