FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

SIGNATURE:

N37907

(5)

CORAL GABLES COMMUNITY FOUNDATION, INC.					
Principal Place of Business Mailing Address		Mailing Address		TOBENION BOR NINT TODIO POLITA OUTAL ROOM DIDIN	DIDII DIBII BIBII DIBII BIBII IOCI
2511 PONCE D 1ST FLOOR SO CORAL GABLES US	LOBBY	2511 PONCE DE LEON BLVD BANK LOBBY CORAL GABLES FL 33134 US		3. Date Incorporated or Qualified 05/01/1990 4. FEI Number 65-0208290	Applied For Not Applicable
	Place of Business Ponce de Leon Blud.	26. Mailing Address 1825 Ponce	deleva Blud	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22 Me 220010e 27 447 City & State City & State			Trust Fund Contribution	Added to Fees	
City & State City & State City & State City & State Corol Gables, FL 28 Corol Gables		8. FL	7. Is this nonprofit corporation a homeowr	ners association?	
		Country	8. This corporation owes or has paid the current year Intangible		
24 33134 25 ()5 29 33134-4418 30		_ , , ^	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					d Agent
_			81 Name		
LOCKWOOD, KEVIN J 220 MIRACLE MILE SUITE 224			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
STE. 224			83]		
CORAL	GABLES FL 33134		84 City		85 Zip Code
-	10	10171500 51 11 0	<u>+.L</u>	F	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agent and OFFICERS AND DI		legistered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP OFFICERS AND DI	DELETE	1.1 TITLE	ADDITIONAL THREE TO STATE THE	Change Addition
NAME	SLESNICK, DONALD D. II		1.2 NAME		
STREET ADDRESS	827 N GREENWAY DR	i	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	l	1.4 CITY+ST-ZIP		
TITLE	DV	DELETE	2.1 TITLE	-	Change Addition
NAME	CALVO, JOSE A II	i	2.2 NAME		
STREET ADDRESS	1015 ALONSO AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY - ST - ZIP		
TITLE	D\$	☐ DELETE	3.1 TITLE		Change Addition
NAME	CLARKE, PATRICIA H	:	3.2 NAME		
STREET ADDRESS	1001 SUNSET DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	Dist	3.4. CITY-ST-ZIP		Channe Addition
TITLE	DT LEGITION CONTRACT	DELETE	4.1 TITLE		L Change L Addition
NAME	LOCKWOOD, KEVIN J		4.2 NAME		
STREET ADDRESS	220 MIRACLE MILE SUITE 224 CORAL GABLES FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	M GABLES FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	BURNS, GLORIA A		5.2 NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD., SI	IITE 110	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL)//L 110	5.4 CłTY - ST - ZIP		
TITLE	O TO TO TO TO TO TO	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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 supplemental have the same legal effect as if made under eath; that I am an					
14. Thereby 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 occiver 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 attack made and others.					