FILE NOW: FILING FEE IS $61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37907** **(5)**

1. Corporation Name

CORAL GABLES COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
2511 PONCE DE LEON BLVD 1ST FLOOR SO LOBBY CORAL GABLES FL 33134 US	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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2149 Ponce de Leon Blvd.	26 1825 Ponce de Leon Blvd
Suite, Apt. #, etc. 22 Mezzanine	Suite, Apt. #, etc. 27 447
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip / Country 24 33134 / 25 US	Zip / Country 29 33134-4418 / 30 US

9. Name and Address of Current Registered Agent

LOCKWOOD, KEVIN J
220 MIRACLE MILE SUITE 224
STE. 224
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLESNICK, DONALD D. II		1.2 NAME		
STREET ADDRESS	827 N GREENWAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALVO, JOSE A II		2.2 NAME		
STREET ADDRESS	1015 ALONSO AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ 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		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKWOOD, KEVIN J		4.2 NAME		
STREET ADDRESS	220 MIRACLE MILE SUITE 224		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, GLORIA A		5.2 NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD., SUITE 110		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ 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 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: Kevin J. Lockwood-Treas 5/6/98 (305) 447-0222

CR2E037 (10/97)