# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 07, 2011**
**Secretary of State**

DOCUMENT# N37907

**Entity Name:** CORAL GABLES COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

3001 PONCE DE LEON BLVD
203
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD
447
CORAL GABLES, FL 33134418 US

**New Mailing Address:**

**FEI Number: 65-0208290** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HANLEY, ANDRIA
3001 PONCE DE LEON BLVD #203
CORAL GABLES, 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: DS
Name: EVENSKY, DAVID
Address: 3001 PONCE DE LEON BLVD. #203
City-St-Zip: CORAL GABLES, FL 33134

Title: DT
Name: ROGERS, ANTHONY JD
Address: 3001 PONCE DE LEON BLVD. #203
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: SANTEIRO, JERRY
Address: 3001 PONCE DE LEON BLVD #203
City-St-Zip: CORAL GABLES, FL 33134

Title: M
Name: HANLEY, ANDRIA
Address: 3001 PONCE DE LEON BLVD #203
City-St-Zip: CORAL GABLES, FL 33134

Title: DC
Name: BONN, WILLIAM
Address: 3001 PONCE DE LEON BLVD. #203
City-St-Zip: MIAMI, 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: ANDRIA HANELY EXD 03/07/2011

Electronic Signature of Signing Officer or Director Date