

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41683

FILED
Apr 10, 2009
Secretary of State

Entity Name: HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES, INC.

Current Principal Place of Business:

2550 WORLD TRADE CENTER
80 SW 8TH ST.
MIAMI, FL 33130

New Principal Place of Business:

1200 ANASTASIA AVENUE
OFFICE SUITE 360
CORAL GABLES, FL 33134 US

Current Mailing Address:

2550 WORLD TRADE CENTER
80 SW 8TH ST.
MIAMI, FL 33130

New Mailing Address:

1200 ANASTASIA AVENUE
OFFICE SUITE 360
CORAL GABLES, FL 33134 US

FEI Number: 65-0261797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAMIAN, VINCENT E., JR, ESQUIRE
2550 WORLD TRADE CENTER
80 SW 8TH STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

BENNETT, LISA
1200 ANASTASIA AVENUE
OFFICE SUITE 360
CORAL GABLES, FL 33134 US

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: LISA BENNETT

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, LISA
Address: 1200 ANASTATIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ANDERSON, SARAH
Address: 665 NORTH GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL

Title: DVP () Delete
Name: DAMIAN, VINCENT E., JR
Address: 1115 N. GREENWAY DR
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BENNETT, LISA
Address: 1200 ANASTASIA AVE. OFFICE SUITE 360
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP (X) Change () Addition
Name: PARNES, EDMUND DR.
Address: 3603 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DT (X) Change () Addition
Name: ANDERSON, SARAH
Address: 665 N. GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 33134 US

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: LISA BENNETT

DP

04/10/2009

Electronic Signature of Signing Officer or Director

Date