

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90003 025 ****61.25

DOCUMENT # N44440

1. Corporation Name

THE COUNTRY CLUB OF CORAL GABLES FOUNDATION, INC

Principal Place of Business
997 N GREENWAY DR.
CORAL GABLES FL 33134

Mailing Address
~~997 N GREENWAY DR.~~
~~CORAL GABLES FL 33134~~

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1252 ALHAMBRA Circle		07/25/1991	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 CORAL GABLES, FL		65-0280234	
24 Country		29 33134		30 USA	
25		31		32	

9. Name and Address of Current Registered Agent

HEARD, ALLAN P
~~631 ARAGON AVENUE~~
~~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	85 Zip Code
	1252 ALHAMBRA Circle		CORAL GABLES FL	33134

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, ALLAN	1.2 NAME	
STREET ADDRESS	1252 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODE, ELIZABETH A	2.2 NAME	
STREET ADDRESS	3227 SW 60TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, EDWARD D	3.2 NAME	
STREET ADDRESS	7300 SW 72ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, ROY D	4.2 NAME	
STREET ADDRESS	921 RODERIGO	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALFRED G MD	5.2 NAME	
STREET ADDRESS	1301 ASTURIA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRINGER, KATHERINE	6.2 NAME	SD
STREET ADDRESS	647 GERALD AVENUE	6.3 STREET ADDRESS	SOPER, SUSAN
CITY-ST-ZIP	CORAL GABLES FL 33134	6.4 CITY-ST-ZIP	1722 COUNTRY CLUB PRADO

4. 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, with all other like empowered.

SIGNATURE:

ALLAN P. HEARD, PRESIDENT (ALLAN P. HEARD) 7-2-99 (305) 446-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)