

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~~



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	CORAL GABLES, FL	4. FEI Number	
23	Zip	28	33134	65-0280234	
24	Country	29	USA	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
 HEARD, ALLAN P  
~~431 ARAGON AVENUE~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent	
81 Name	HEARD, ALLAN P
82 Street Address (P.O. Box Number is Not Acceptable)	1252 ALHAMBRA Circle
83	
84 City	CORAL GABLES FL
85 Zip Code	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	<del>PARRINGER, KATHERINE</del>	6.2 NAME	SD
STREET ADDRESS	<del>647 GERALD AVENUE</del>	6.3 STREET ADDRESS	SOPER, SUSAN
CITY-ST-ZIP	<del>CORAL GABLES FL 33134</del>	6.4 CITY-ST-ZIP	1722 COUNTRY CLUB PRADO CORAL GABLES, FL 33134

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 #

0003643

CR2E037 (5/99)