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NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1999

DOCUMENT # N96000000828

1. Corporation Name

THE INNS AT COCONUT GROVE ASSOCIATION, INC.

Principal Place of Business  
3824 LA PLAYA BOULEVARD  
CORAL GABLES FL 33133

Mailing Address  
3824 LA PLAYA BOULEVARD  
CORAL GABLES FL 33133



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/16/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAREDES, WILFREDO  
3824 LA PLAYA BOULEVARD  
CORAL GABLES FL 33133

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

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 PD  
NAME PAREDES, WILFREDO  
STREET ADDRESS 3824 LA PLAYA BOULEVARD  
CITY-ST-ZIP CORAL GABLES FL 33133

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME PAREDES, LEANDRO  
STREET ADDRESS 3824 LA PLAYA BOULEVARD  
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME SHERMAN, THOMAS G  
STREET ADDRESS 218 ALMERIA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME PAREDES, MIQUEL  
STREET ADDRESS 3824 LA PLAYA BOULEVARD  
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)