## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

N97000001568 (1)

COALITION TO SAVE CORAL GABLES, INC.

**FILED** May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		Mailing Address		r 1001san dis 1911, 1901 addin devit sont davit sond tides stind eiser 1961 best
247 MRACLE MILE CORAL GABLES FL 33134  247 MIRACLE MILE CORAL GABLES FL 33134				3. Date Incorporated or Qualified 03/20/1997
				4. FEI Number Applied For Not Applicable
Principal Place of Business     1		2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	е	City & State		7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25	Zip 29	Country 30	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curr	ent Registered Agent	1	10. Name and Address of New Registered Agent
GALLAGHER, ROBERT E JR. 4320 SANTA MARIA STREET CORAL GABLES FL 33146  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida SIGNATURE			83 84 City	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	Manrera, alfred e		1.2 NAME	Robert E. GALLAGRER. W.
STREET ADDRESS	<b>88</b> 21 S.W. 86TH STREET		1.3 STREET ADDRESS	43 ho shum MALIA
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	Robert E. GALLAGNER. II. 43 LO SAUTH MALIN COLYC GARACES, PC 33146
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IRIATE, GILDA M		2.2 NAME	
STREET ADDRESS	<b>227 PHOENETIA AVE. #2</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	<b>A</b> NDERSON, MARIA		3.2 NAME	
STREET ADDRESS	<b>5</b> 35 ALMERIA AVE.		3.3 STREET ADDRESS	

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CORAL GABLES FL 33134

**CORAL GABLES FL 33146** 

**SCULLY, VINCENT** 

434 VILLA BELLA AVE.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

305-789-3300

☐ Change

Change

Change

Addition

Addition

☐ Addition