


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003778	
1. Entity Name COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.	

Principal Place of Business 269 GIRALDA AVENUE SUITE 302 CORAL GABLES, FL 33134	Mailing Address 269 GIRALDA AVENUE SUITE 302 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2ED37 (11/05)

4. FEI Number 59-2020710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORAL GABLES SECRETARIAL SERVICES C/O NANCY C. MORGAN 269 GIRALDA AVE., SUITE 302 CORAL GABLES, FL 33134
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8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000444703 03/07/06-80012-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, PHIL C 770 PALM BAY LANE, #8-F MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAMLING, FRANK R 200 SE 13TH ST FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBS, T. SINCLAIR 145 SE 25 RD., STE 3100Z MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANFORD, DAVID 11111 BISCANYNE BLVD-#558 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEIN, DOROTHY M 2222 PONCE DE LEON BLVD., STE. #210 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDUGAL III, ROBERT D 34 INDIAN CREEK ISLAND MIAMI, FL 33154

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Jan. 19, 2006	305-774-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
NANCY C. MORGAN		