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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004778 (3)**

1. Corporation Name

**CITIZENS FOR THE BETTERMENT OF CORAL GABLES - VI
SION 21, INC.**



Principal Place of Business 4980 SAN AMARO DRIVE CORAL GABLES FL 33146	Mailing Address 4980 SAN AMARO DRIVE CORAL GABLES FL 33146
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3. Date Incorporated or Qualified 08/22/1997
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4110 Laguna Street Suite, Apt. #, etc.	2a. Mailing Address 26 4110 Laguna Street Suite, Apt. #, etc.
22 City & State 23 Coral Gables, FL	27 City & State 28 Coral Gables, FL
24 Zip 33146 Country	29 Zip 33146 Country

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ALLEN, R. KEITH 6101 SW 78TH STREET SOUTH MIAMI FL 33143	
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10. Name and Address of New Registered Agent	
81 Name Camilo Lopez	
82 Street Address (P.O. Box Number is Not Acceptable) 4110 Laguna Street	
83	
84 City Coral Gables	85 Zip Code FL 33146

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 *Camilo Lopez* **Camilo Lopez**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D POLIZZI, MARY ANN
STREET ADDRESS	4980 SAN AMARO DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE
NAME	D LOPEZ, CAMILO
STREET ADDRESS	4110 LAGUNA STREET
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE
NAME	D VOLSKY, GEORGE
STREET ADDRESS	1008 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	D MATHESON, FINLAY B
STREET ADDRESS	3898 SHIPPING AVE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE
NAME	D REITEMA, JOAN
STREET ADDRESS	248 GIRALDS AVE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SCHULTE, JOANNE
STREET ADDRESS	3210 MAGGIORE ST
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D ALICIA MOGUL
1.3 STREET ADDRESS	918 CALBIRA AVE.
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Camilo Lopez* **Camilo Lopez** 305-445-3505

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