

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000004778 (3)**  
 1. Corporation Name  
**CITIZENS FOR THE BETTERMENT OF CORAL GABLES - VI  
 SION 21, INC.**

Principal Place of Business <b>4980 SAN AMARO DRIVE CORAL GABLES FL 33146</b>	Mailing Address <b>4980 SAN AMARO DRIVE CORAL GABLES FL 33146</b>
--	--

3. Date Incorporated or Qualified  
**08/22/1997**

4. FEI Number  Applied For  
 Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**ALLEN, R. KEITH**  
**8101 SW 78TH STREET**  
**SOUTH MIAMI FL 33143**

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** **FL** 85 Zip Code **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** DATE

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ALICIA MOGUL</b>
1.3 STREET ADDRESS	<b>918 CALBIRA AVE.</b>
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
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** **205-445-3505**

CR2E037 (1097)