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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000004778

1. Corporation Name

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

Principal Place of Business

**4110 LAGUNA ST
CORAL GABLES FL 33146
US**

Mailing Address

**4110 LAGUNA ST
CORAL GABLES FL 33146
US**

468692 - 90007 - 5



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing ☐

**\$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

**LOPEZ, CAMILO
4110 LAGUNA ST
CORAL GABLES FL 33146**

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 **D** ☐ DELETE
NAME **POLIZZI, MARY ANN**
STREET ADDRESS **4980 SAN AMARO DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **D** ☐ DELETE
NAME **LOPEZ, CAMILO**
STREET ADDRESS **4110 LAGUNA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **D** ☐ DELETE
NAME **VOLSKY, GEORGE**
STREET ADDRESS **1008 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ DELETE
NAME **MATHESON, FINLAY B**
STREET ADDRESS **3898 SHIPPING AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **D** ☐ DELETE
NAME **REITEMA, JOAN**
STREET ADDRESS **248 GIRALDS AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **D** ☐ DELETE
NAME **MOGUL, ALICIA**
STREET ADDRESS **918 CALBIRA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)