

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007263

1. Entity Name

PONCE DE LEON DEVELOPMENT ASSOCIATION OF CORAL

Principal Place of Business

269 GIRALDA AVE STE 302
CORAL GABLES FL 33134

Mailing Address

269 GIRALDA AVE STE 302
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORGAN, NANCY
269 GIRALDA AVE STE 302
CORAL GABLES FL 33134

4. FEI Number

59-1713635
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUMINS, SUSAN	
STREET ADDRESS	3512 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONSKY, MAURICE	
STREET ADDRESS	145 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, NANCY C	
STREET ADDRESS	269 GIRALDA AVENUE # 302	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ACKMAN, MARTIN	
STREET ADDRESS	8465 SW 113TH COURT	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN HERSMAN	
STREET ADDRESS	221 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY O. LANGSTON	
STREET ADDRESS	6575 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOREEN REITNAUER	
STREET ADDRESS	2800 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

NANCY C. MORGAN

2/07/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00 1116

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90058 048 ****61.25



DO NOT WRITE IN THIS SPACE