

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90124 037 \*\*\*\*61.25

**DOCUMENT # N99000007263**

1. Entity Name

**PONCE DE LEON DEVELOPMENT ASSOCIATION OF CORAL GABLES, INC.**

Principal Place of Business

Mailing Address

**269 GIRALDA AVE STE 302  
CORAL GABLES FL 33134****269 GIRALDA AVE STE 302  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1713635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****B0031614**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUMINS, SUSAN	
STREET ADDRESS	3512 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	PD VPD	<input type="checkbox"/> Delete
NAME	BONSKY, MAURICE	
STREET ADDRESS	145 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33104	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, NANCY G	
STREET ADDRESS	269 GIRALDA AVENUE # 302	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	TD	<input type="checkbox"/> Delete
NAME	AOKMAN, MARTIN	
STREET ADDRESS	8465 SW 113TH COURT	
CITY-ST-ZIP	MIAMI FL 33178	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANK LANGSTON	
STREET ADDRESS	6675 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI, FL 33156	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER RIPICH	
STREET ADDRESS	2800 PONCE DE LEON BLVD, #1200	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN HERMAN	
STREET ADDRESS	221 ARAGON	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOREEN REITNAUER	
STREET ADDRESS	2800 PONCE DE LEON BLVD., 9th FLOOR	
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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

(305) 666-7937

CR2E037 (9/01)