

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 033 ****61.25

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1. Entity Name

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



Principal Place of Business

6575 N. KENDALL DR.
MIAMI FL 33156

Mailing Address

6575 N. KENDALL DR.
ATT. H. LANGSTON
MIAMI FL 33156

2. Principal Place of Business

2655 S. Le Jeune Rd.

Suite, Apt. #, etc.

1108

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

2655 S. Le Jeune Rd.

Suite, Apt. #, etc.

1108

City & State

CORAL GABLES FL

Zip

33134

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-1713635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LANGSTON, HENRY~~
~~6575 N. KENDALL DR.~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name Eileen A. MAASTRICHT

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

2655 S. Le Jeune Road, #1108

CORAL GABLES

City

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eileen A. Maastricht, Eileen A. MAASTRICHT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TERRY, CHARLES ☒ Delete
STREET ADDRESS 2631 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD
NAME HERSMAN, CARMEN ☐ Delete
STREET ADDRESS 221 ARAGON
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD
NAME REITNAUER, DOREEN ☐ Delete
STREET ADDRESS 2800 PONCE DE LEON BLVD 9TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD
NAME MAASTRICHT, EILEEN ☒ Delete
STREET ADDRESS 2655 S. LEJEUNE RD. #1108
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Eileen A. Maastricht
STREET ADDRESS 2655 S. Le Jeune Road, #1108
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~7545 N. KENDALL DR.~~
CITY-ST-ZIP ~~MIAMI FL 33156~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7545 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33156

TITLE VD ☒ Change ☐ Addition
NAME RICHARD DEWITT
STREET ADDRESS 2000 Ponce de Leon Blvd, 6th Floor
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eileen A. Maastricht, Eileen A. MAASTRICHT, President 3/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #