

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90093 003 \*\*\*\*61.25

**DOCUMENT # N99000007263**

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



Principal Place of Business  
**2655 S LE JEUNE RD  
1108  
CORAL GABLES, FL 33134**

Mailing Address  
**ATTN: EILEEN A. MAASTRICHT  
2655 S LE JEUNE RD 1108  
CORAL GABLES, FL 33134**

**50011295**



2. Principal Place of Business  
**2000 PONCE DE LEON BLVD.  
6th Floor**

3. Mailing Address  
**ATTN: DOREEN REITNAUER  
7545 N. KENDALL DRIVE**

01252005 Chg-NP CR2E037 (10/03)

City & State  
**CORAL GABLES, FL**  
Zip  
**33134** Country  
**USA**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33156** Country  
**USA**

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

**MAASTRICHT, EILEEN A  
2655 S LE JEUNE ROAD #1108  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**REITNAUER, DOREEN**

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

**7545 N. KENDALL DRIVE**

City  
**MIAMI**

FL

Zip Code  
**33156**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MAASTRICHT, EILEEN A  
2655 S. LE JEUNE ROAD #1108  
CORAL GABLES, FL 33134** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
REITNAUER, DOREEN  
7545 N KENDALL DR  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DE WITT, RICHARD  
200 PONCE DE LEON BLVD, 6TH FLOOR  
CORAL GABLES, FL 33134** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEWITT, RICHARD PD** ☒ Change ☐ Addition  
**2000 PONCE DE LEON BLVD., 6th Floor  
CORAL GABLES, FL 33134**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BURR, ROBERT A VD** ☒ Change ☐ Addition  
**P.O. Box 144353  
CORAL GABLES, FL 33114-4353**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-05**

**305-669-7546**