

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90186 019 ****61.25

DOCUMENT # N99000007263

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



40001286

Principal Place of Business
2000 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES, FL 33134

Mailing Address
ATTN: DOREEN REITNAUER
7545 N KENDALL DRIVE
MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1713635

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITNAUER, DOREEN
7545 N KENDALL DRIVE
MIAMI, FL 33156

Name

BURR, ROBERT

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

314 ROMANO AVE

City

CORAL GABLES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DEWITT, RICHARD ☒ Delete
STREET ADDRESS 2000 PONCE DE LEON BLVD 6TH FLOOR
CITY-ST-ZIP MIAMI, FL 33134

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

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

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

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

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

TITLE VD ☐ Delete
NAME BURR, ROBERT A
STREET ADDRESS PO BOX 144353
CITY-ST-ZIP CORAL GABLES, FL 331144353

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 314 ROMANO AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME SPENCE, J.
STREET ADDRESS 837 ANDALUSIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TO ☐ Change ☒ Addition
NAME TERRY JR., CHARLES H.
STREET ADDRESS 60 ARAGON AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-06

305-444-9979