AMENDED

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-05-2006 90188 027 ****75.00
N99000007263

FILED
06 MAY 30 PM 4:21
SECRETARY OF STATE

DOCUMENT # N99000007263

1. Entity Name

PONCE DE LEON DEVELOPMENT ASSOCIAITION OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
~~2000 PONCE DE LEON BLVD 10TH FLOOR~~ CORAL GABLES FL 33134 → 314 Romano Avenue	~~ATTN: DOREEN REITNAUER 7545 N KENDALL DRIVE MIAMI FL 33156~~

2. Principal Place of Business	3. Mailing Address
	ATTN. RUBERT BURR
Suite, Apt. #, etc.: 314 Romano Avenue	Suite, Apt. #, etc.: 314 ROMANO AVENUE
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: MIAMI-DADE	Zip: 33134 Country: MIAMI-DADE

1st MOORE CR2E037 (10/05)

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

BURR, ROBERT
314 ROMANO AVE
CORAL GABLES FL 33134

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPENCE, J B 837 ANDALUSIA AVE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPENCE, J B	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TERRY, CHARLES H JR 60 ARAGON AVE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(NOTE: SAME AS ADDRESS ON REVERSE SIDE) 3223 RIVIERA DRIVE CORAL GABLES, FL 33134-6479	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURR, ROBERT A 314 ROMANO AVE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/30	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 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: _____ President 4/23/06 305-443-7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #