

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90060 028 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N99000007263</b>  |  |  |  |   |  |
| <b>1. Entity Name</b><br>PONCE DE LEON DEVELOPMENT ASSOCIATION OF CORAL GABLES, INC.  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>314 ROMANCE AVENUE<br>CORAL GABLES, FL 33134  |  |  | <b>Mailing Address</b><br>ATTN: ROBERT BURR<br>314 ROMANO AVENUE<br>CORAL GABLES, FL 33134   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                      |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country                                    | Zip  | Country  | <b>4. FEI Number</b><br>59-1713635  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| BURR, ROBERT<br>314 ROMANO AVE<br>CORAL GABLES, FL 33134  |  |  | Name <u>SCOTT MCALISTER</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2448 ROMANO PONCE DE LEON BLVD.</u><br>City <u>CORAL GABLES</u> FL <u>33134</u>  |   |  |
| <b>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.</b>  |  |  |  |   |  |
| SIGNATURE <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  | DATE <u>1/9/07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>SPENCE, J B<br><b>STREET ADDRESS</b><br>837 ANDALUSIA AVE<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 33134  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>SECY - TREASURER<br><b>NAME</b><br>J.W. BOWLING JR.<br><b>STREET ADDRESS</b><br>5081 PONCE DE LEON BLVD.<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 33146 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>TERRY, CHARLES H JR<br><b>STREET ADDRESS</b><br>3223 RIVIERA DRIVE<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 331346479   | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>BURR, ROBERT A<br><b>STREET ADDRESS</b><br>314 ROMANO AVE<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 33134  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>PD<br><b>NAME</b><br>SCOTT MCALISTER<br><b>STREET ADDRESS</b><br>2448 PONCE DE LEON<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 33134                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>[Blank]<br><b>NAME</b><br>[Blank]<br><b>STREET ADDRESS</b><br>[Blank]<br><b>CITY-ST-ZIP</b><br>[Blank]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>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.</b> |  |  |  |   |  |
| SIGNATURE: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | DATE <u>1/9/07</u> (305) 774-1010<br><small>Daytime Phone #</small>  |   |  |