2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
04-03-2008 90023 022 ****61.25

DOCUMENT # N99000007263

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

Principal Place of Business	Mailing Address
314 ROMANCE AVENUE CORAL GABLES, FL 33134	ATTN: ROBERT BURR 314 ROMANO AVENUE CORAL GABLES, FL 33134

03252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
314 ROMANO AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL GABLES, FL.	
City & State: 33134 MIAMI-DADE	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MCALISTER, SCOTT 2448 PONCE DE LEON BLVD CORAL GABLES, FL 33134	Name: ROBERT BURR Street Address (P.O. Box Number is Not Acceptable): 314 ROMANO AVE. 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: _____ 3-31-08
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, 2008

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	ST BOWLING JR, J.W. 5081 PONCE DE LEON BLVD CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BOWLING, J.W. 5081 PONCE DE LEON BLVD. CORAL GABLES, FL. 33146 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCALISTER, SCOTT 2448 PONCE DE LEON CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BARRETT, SALLY 5730 S.W. 54TH TERRACE MIAMI, FL. 33155 — ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SPENCE, J.B. 837 ANDALUSIA AVE. CORAL GABLES, FL. 33134 — ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SMITH, ALFRED 1301 ASTURIA AVE. CORAL GABLES, FL. 33134 — ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BURR, ROBERT 314 ROMANO AVE. CORAL GABLES, FL. 33134 — ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BRAWNER, PHILIP 9100 SCHOOL HOUSE ROAD CORAL GABLES, FL. 33156 — ☑ Change ☑ Addition

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: J. W. Bowling J.W. BOWLING, TREASURER 3-31-08 3056664538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #