

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007263

FILED
Jan 25, 2009
Secretary of State

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

Current Principal Place of Business:

314 ROMANO AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERT BURR
314 ROMANO AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

314 ROMANO AVENUE
CORAL GABLES, FL 33134

FEI Number: 59-1713635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, ROBERT
314 ROMANO AVE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOWLING JR, J.W.
Address: 5081 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: BARRETT, SALLY
Address: 5730 SW 54TH TERR
City-St-Zip: MIAMI, FL 33155

Title: P () Delete
Name: SPENCE, J.B.
Address: 837 ANDALUSIA AVE
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: SMITH, ALFRED
Address: 1301 ASTURIA AVE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: BURR, ROBERT
Address: 314 ROMANO AVE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: BRAUNER, PHILIP
Address: 9100 SCHOOL HOUSE RD
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J W BOWLING JR.

T

01/25/2009

Electronic Signature of Signing Officer or Director

Date