

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707049

Entity Name: COCONUT GROVE ARTS & HISTORICAL ASSOCIATION, INC.**Current Principal Place of Business:**3390 MARY STREET
SUITE 128
COCONUT GROVE, FL 33133**Current Mailing Address:**3390 MARY STREET
SUITE 128
COCONUT GROVE, FL 33133 US**FEI Number:** 59-1652630**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAINER, MONTGOMERY
3390 MARY STREET
SUITE 128
COCONUT GROVE, FL 33133 US*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**Officer/Director Detail :**

Title	CD
Name	KURLAND, NATHAN .
Address	3390 MARY STREET SUITE 128
City-State-Zip:	COCONUT GROVE FL 33133

Title	VCD
Name	KING, MICHELLE
Address	3390 MARY STREET SUITE 128
City-State-Zip:	COCONUT GROVE FL 33133

Title	SD
Name	MAYER, PAM
Address	3390 MARY STREET SUITE 128
City-State-Zip:	COCONUT GROVE FL 33133

Title	P
Name	TRAINER, MONTGOMERY
Address	3390 MARY STREET SUITE 128
City-State-Zip:	COCONUT GROVE FL 33133

Title	TD
Name	EGGLAND, DANIEL
Address	3390 MARY STREET SUITE 128
City-State-Zip:	COCONUT GROVE FL 33133

I hereby 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 all other like empowered.

SIGNATURE: MONTGOMERY TRAINER**PRESIDENT****01/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date