

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N01000006976

**Entity Name:** CORAL GABLES NEIGHBORS ASSOCIATION, INC.

**Current Principal Place of Business:**

6830 GRATIAN ST  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P.O BOX 430825  
SOUTH MIAMI, FL 33243-0825 US

**FEI Number:** 65-1148228

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAWALERSKI, SUSAN  
6830 GRATIAN STREET  
CORAL GABLES, FL 33146 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:** SUSAN KAWALERSKI

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KAWALERSKI, SUSAN  
Address 6830 GRATIAN ST  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name NOLAN, PATRICK  
Address 915 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name BERLIN, JAMES R  
Address 737 TIBIDADO AVENUE  
City-State-Zip: CORAL GABLES FL 33143

Title D  
Name CRUZ, MARIA  
Address 1447 MILLER ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name DETOURNAY, LISA  
Address 10 ARAGON AVE  
1405  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DETOURNAY, ALEC  
Address 10 ARAGON AVE  
1405  
City-State-Zip: CORAL GABLES FL 33134

*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:** KAWALERSKI , SUSAN

PD

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date