

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27916

**Entity Name:** THE LAND TRUST OF DADE COUNTY, INC.

**Current Principal Place of Business:**

C/O TURNER & ASSOCIATES  
200 S BISCAYNE BLVD. #1770  
MIAMI, FL 33131

**Current Mailing Address:**

C/O TURNER & ASSOCIATES  
200 S BISCAYNE BLVD., #1770  
MIAMI, FL 33131 US

**FEI Number:** 65-0139202

**Certificate of Status Desired:** No

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

JUDE, SALLYE J  
200 EDGEWATER DRIVE  
CORAL GABLES, 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 PD  
Name JUDE, SALLYE G  
Address 118 S. RIVER DRIVE  
City-State-Zip: MIAMI FL 33130

Title DV  
Name MATKOV, THOMAS J  
Address 550 BILTMORE WAY, STE. 810  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name TURNER, DAVID  
Address 200 S BISCAYNE BLVD., #1770  
City-State-Zip: MIAMI FL 33131

Title D  
Name MURLEY, JAMES  
Address 220 SE 2ND AVE. RM. 709  
City-State-Zip: FT. LAUDERDALE FL 33131

Title D  
Name CAPORELLI, JANE  
Address 3301 NE 5TH AVE., #801  
City-State-Zip: MIAMI FL 33137

*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:** SALLYE JUDE

**PRES**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date