2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37907

Entity Name: CORAL GABLES COMMUNITY FOUNDATION, INC.

FILED Mar 09, 2018 **Secretary of State** CC3273548174

Current Principal Place of Business:

220 ALHAMBRA CIRCLE

SUITE 320

CORAL GABLES, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD # 447

CORAL GABLES, FL 33134 US

FEI Number: 65-0208290 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, RAMIRO 1825 PONCE DE LEON BLVD # 447

CORAL GABLES, FL 33134 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: RAMIRO FERNANDEZ 03/09/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **CHAIR** Title CHAIR ELECT

LOWELL, JOHN JR. Name Name RUSSO, LAURA ESQ.

1825 PONCE DE LEON BLVD 1825 PONCE DE LEON BLVD Address Address

447 # 447

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title IMMEDIATE PAST CHAIR Title CHAIR, COMMUNITY GIVING

COMMITTEE Name O'ROURKE, JOHN III

Name OLAZABAL, DAVID Address

1825 PONCE DE LEON BLVD Address 1825 PONCE DE LEON BLVD # 447

447 MIAMI FL 33134

City-State-Zip: MIAMI FL 33134

Title **TREASURER** Title **SECRETARY** POULIN, SCOTT A Name

Name MEEHAN, MATTHEW T

1825 PONCE DE LEON BLVD Address 1825 PONCE DE LEON BLVD Address # 447

CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title **EXECUTIVE DIRECTOR**

Title FINANCE DIRECTOR Name SNOW, MARY Name FERNANDEZ, RAMIRO

Address 1825 PONCE DE LEON BLVD

1825 PONCE DE LEON BLVD Address # 447 # 447

CORAL GABLES FL 33134 City-State-Zip: 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: RAMIRO FERNANDEZ FINANCE DIRECTOR 03/09/2018