

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006874

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC3835307966**

**Entity Name:** COCONUT GROVE SAILING CLUB INSTRUCTIONAL CENTER, INC

**Current Principal Place of Business:**

2990 S BAYSHORE DR  
MIAMI, FL 33133

**Current Mailing Address:**

2990 S BAYSHHORE DR  
MIAMI, FL 33133

**FEI Number: 47-1288727**

**Certificate of Status Desired: Yes**

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

DELAURIER, FRANK  
2990 S BAYSHORE DR  
MIAMI, 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	VP	Title	PRESIDENT, DIRECTOR
Name	PRUETT, JANICE	Name	FLANAGAN, JEFFREY
Address	2990 S BAYSHORE DR.	Address	2990 S BAYSHORE DR.
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	2VPD	Title	TD
Name	ALEXANDER, RYAN	Name	DELAURIER, FRANK
Address	2990 S BAYSHORE DR.	Address	2990 S BAYSHORE DR.
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	SD	Title	PD
Name	PEAK, CATHY	Name	VANPUFFELEN, PAUL
Address	2990 S BAYSHORE DR.	Address	2990 S BAYSHORE DR.
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	1VPD	Title	2VPD
Name	FLANAGAN, JEFFREY	Name	SUTCLIFFE, GEOFFREY
Address	2990 S BAYSHORE DR.	Address	2990 S BAYSHORE DR.
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

**Continues on page 2**

*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: FRANK DELAURIER**

**TREASURER**

**02/08/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TD  
Name DELAURIER, FRANK  
Address 2990 S BAYSHORE DR.  
City-State-Zip: MIAMI FL 33133

Title SD  
Name LAPADULA, YVELISSE  
Address 2990 S BAYSHORE DR.  
City-State-Zip: MIAMI FL 33133