

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90077 021 ****61.25

DOCUMENT # 700452 1. Entity Name CORAL GABLES YACHT CLUB INC.					
Principal Place of Business C/O LORING EVANS ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133			Mailing Address C/O LORING EVANS ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent EVANS, LORING ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC RANDLE, WILLIAM 1 GROVE ISLE DRIVE APT. 1401 COCONUT GROVE, FL 33133 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Nagel, Brent 11701 SW 67th Avenue Pinecrest, Fl 33156 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EVANS, LORING 1 GROVE ISLE DRIVE APT. 1401 COCONUT GROVE, FL 33133 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evans, Loring 1 Grove Isle Dr. #1701 Coconut Grove, Fl. 33133 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LAWSON C M.D. 10400 LAKESIDE DRIVE CORAL GABLES, FL 33156 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Robbins, William 830 Lugo Avenue Coral Gables, Fl. 33156 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, THOMAS L 15790 LINDBERG LANE WELLINGTON, FL 33414 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFC Shelley, Robin 1080 Lugo Avenue Coral Gables, Fl. 33156 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBBINS, WILLIAM R 830 LUGO AVE CORAL GABLES, FL 33156 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Mead, Jr. D. Richard 102255 Sabal Palm Ave. Coral Gables, Fl 33156 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBERT H 2340 NE 31ST COURT LIGHTHOUSE POINT, FL 33064 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>R.E. Mead</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/8/05 Date		
			(305) 662-6626 Daytime Phone #		