


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 006 \*\*\*\*70.00

<b>DOCUMENT # 700452</b> 1. Entity Name <b>CORAL GABLES YACHT CLUB INC.</b>			
Principal Place of Business <b>C/O LORING EVANS ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133</b>		Mailing Address <b>C/O LORING EVANS ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133</b>	
2. Principal Place of Business <b>C/O LORING EVANS</b>		3. Mailing Address <b>C/O LORING EVANS</b>	
Suite, Apt. #, etc. <b>LAS OLAS GRAND # 2804</b>		Suite, Apt. #, etc. <b>LAS OLAS GRAND # 2804</b>	
City & State <b>411 NEW RIVER DR. EAST FT LAUDERDALE, FL</b>		City & State <b>411 NEW RIVER DR. EAST FT LAUDERDALE, FL</b>	
Zip <b>33301</b>		Zip <b>33301</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>23-7452393</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EVANS, LORING ONE GROVE ISLE APT 1701 COCONUT GROVE, FL 33133</b>		7. Name and Address of New Registered Agent  Name <b>EVANS, LORING</b> Street Address (P.O. Box Number is Not Acceptable) <b>LAS OLAS GRAND #2804</b> <b>411 NEW RIVER DR. EAST</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33301</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC NAGEL, BRENT 11701 SW 67TH AVENUE MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PETERS, LEWIS H. 7500 S.W. 154 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, LORING 1 GROVE ISLE DR, # 1701 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, LORING LAS OLAS GRAND # 2804 411 NEW RIVER DRIVE EAST FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBBINS, WILLIAM 830 LUGO AVENUE CORAL GABLES, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SHELLEY, ROBIN 1080 LUGO AVENUE CORAL GABLES, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEAD, RICHARD D JR 102255 SABAL PALM AVE CORAL GABLES, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBERT H 2340 NE 31ST COURT LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE: LEWIS H. PETERS</b>		Date <b>4/13/06</b> Daytime Phone # <b>305 247-2141</b>	