

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700452

FILED
Jan 15, 2009
Secretary of State

Entity Name: CORAL GABLES YACHT CLUB INC.

Current Principal Place of Business:

C/O LORING EVANS
411 NEW RIVER DR, E APT#3401
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

3980 PARK AVE
MIAMI, FL 33133

Current Mailing Address:

C/O LORING EVANS
411 NEW RIVER DR, E APT#3401
FORT LAUDERDALE, FL 33301

New Mailing Address:

3980 PARK AVE
MIAMI, FL 33133

FEI Number: 23-7452393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, LORING
LAS OLAS GRAND, # 3401
411 NEW RIVER DR, E
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

THOMAS, VERRENGIA
3980 PARK AVE
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: THOMAS VERRENGIA

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: NEEVES, JAMES P
Address: 11 HIDDEN HARBOUR
City-St-Zip: GULF STREAM, FL 33483

Title: D () Delete
Name: EVANS, LORING
Address: 411 NEW RIVER DR, E
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVC () Delete
Name: PETERS, LEWIS H
Address: 7500 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SHELLEY, ROBIN
Address: 1080 LUGO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: DC () Delete
Name: MEAD, RICHARD D JR
Address: 10255 JABAL PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: DFC () Delete
Name: KOZAN, GARY
Address: 15555 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMAS, VERRENGIA
Address: 3980 PARK AVE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS VERRENGIA

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date