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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 724529

CORAL ISLE WEST YACHT ASSOCIATION, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90076 032 ****61.25

Principal Pl							
	ace of Business	Mailing Address					
	166TH STREET NMI BEACH FL 33180	3545 N. E. 166TH STREE NORTH MIAMI BEACH FL					
	•					A STATE OF THE STA	
2. Principal	Place of Business	2a. Mailing Address					
21	The de of business		Maining Address			3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26				10/12/1972	
	л. ж, екс.	Suite, Apt. #, etc.				4. FEI Number Applied Fo	
City & St	to to	27				59-1423021 Not Applica	
23		City & State				5. Certificate of Status Desired \$8.75 Additional	
		28				5. Certificate of Status Desired	
Zip	Country	Zip	Cour	ntry		6. Election Campaign Financing 55.00 May Be	
24	25	29	30			Trust Fund Contribution Added to Fees	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
		•	1	81 Nar	ne	A SHELL AND THE	
JAYSON	i, stanley		}	82 Stre	ne Addi	ii. 1 W. jiii ii	
20281 E	COUNTRY CLUB DR.	•	J	oz otre	reet Address (P.O. Box Number is Not Acceptable)		
	II BCH. FL 33180		Ì	83			
				_			
			[84 City		85 Zip Code	
11. Pursuan	at to the provisions of Sections 617.050	22 and 617 4500 Florida Oct.				a construction of the contract	
office or	registered agent, or both, in the State	of Florida. Such change was a	es, tne ab uthorized	ove-nam by the co	ed corpo progration	pration submits this statement for the purpose of changing its registere	
agent. i	am familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statu	es.	, po, auto	pration submits this statement for the purpose of changing its registere in s board of directors. I hereby accept the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Danistana I			· · · · · · · · · · · · · · · · · · ·	
	OFFIOE **			gent signati	ire required	when reinstating) DATE	
		ID DIRECTORS	13.		ire required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ::	PD		13.	E	ire required		
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP