


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90057 011 ****61.25

DOCUMENT # 724529
 1. Entity Name
CORAL ISLE WEST YACHT ASSOCIATION, INC.




Principal Place of Business Mailing Address
3545 N. E. 166TH STREET **3545 N. E. 166TH STREET**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3464 NE 167th ST

City & State City & State
NORTH MIAMI BEACH FL

Zip Country Zip Country
33160 **USA**



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1423021 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TEPFER, RITA
3545 NE 166 ST
N. MIAMI BCH. FL 33180

7. Name and Address of New Registered Agent
 Name **MAURICE PIERGROSSI**
 Street Address (P.O. Box Number is Not Acceptable)
3464 NE 167th ST
 City **NORTH MIAMI BEACH** FL Zip Code **33160**

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 **MAURICE PIERGROSSI PRESIDENT** *Maurice Piergrossi* DATE **4/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERGROSSI, MAURICE 3545 NE 166 ST N MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LITVINOV, PAVEL 3709 NE 166 STREET N MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEPFER, RITA 3545 NE 166 ST N MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAURICE PIERGROSSI 3464 NE 167 th ST N MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAVEL LITVINOV 3709 NE 166 ST N. MIAMI BEACH FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MAURICE PIERGROSSI 3464 NE 167 th ST N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MAURICE PIERGROSSI** *Maurice Piergrossi* DATE **4/1/04** 305-725-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #