


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 3545 N. E. 166TH STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3464 NE 167TH STREET NORTH MIAMI BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1423021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERGROSSI, MAURICE 3464 NE 167TH STREET NORTH MIAMI BEACH, FL 33160
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERGROSSI, MAURICE 3464 NE 167TH STREET NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITVINOV, PAVEL 3709 NE 166 STREET N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERGROSSI, MAURICE 3464 NE 167TH STREET NORTH MIAMI BEACH, FL 33160
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02/02/06-80062-004 61.25

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.

SIGNATURE: _____	1/22/06	305 725 8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #