

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 08, 2007  
Secretary of State**

DOCUMENT# 724529

**Entity Name:** CORAL ISLE WEST YACHT ASSOCIATION, INC.**Current Principal Place of Business:**3545 N. E. 166TH STREET  
NORTH MIAMI BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**3464 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33160**New Mailing Address:**

FEI Number: 59-1423021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PIERGROSSI, MAURICE  
3464 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33160 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: PIERGROSSI, MAURICE  
Address: 3464 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160Title: S ( ) Delete  
Name: LITVINOV, PAVEL  
Address: 3709 NE 166 STREET  
City-St-Zip: N MIAMI BEACH, FL 33160Title: T ( ) Delete  
Name: PIERGROSSI, MAURICE  
Address: 3464 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: S (X) Change ( ) Addition  
Name: PIERGROSSI, MAURICE  
Address: 3464 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160Title: ( ) 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: MAURICE PIERGROSSI

PD

05/08/2007

Electronic Signature of Signing Officer or Director

Date