

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

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90017 028 \*\*\*\*61.25

**DOCUMENT # 726476**

1. Entity Name

THE CORAL BAY YACHT CLUB, INC.



Principal Place of Business

1080 SAN PEDRO AVE.  
CORAL GABLES FL 33156  
US

Mailing Address

1080 SAN PEDRO AVE  
CORAL GABLES FL 33156  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2065493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEXLER, STEVEN  
1080 SAN PEDRO AVE  
CORAL GABLES FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VD	<input checked="" type="checkbox"/> Delete
NAME	STANTON, SUSAN	
STREET ADDRESS	931 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDSMITH, BERTRAM J JR	
STREET ADDRESS	13035 NEVADA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LYNN, STEVE	
STREET ADDRESS	861 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEELER, STEVEN	
STREET ADDRESS	1050 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Wexler	
STREET ADDRESS	1080 San Pedro Ave	
CITY-ST-ZIP	Coral Gables, Fl. 33156	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Geer	
STREET ADDRESS	12952 Nevada Street	
CITY-ST-ZIP	Coral Gables, Fl. 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/04 305-775-4605