


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90050 026 \*\*\*\*61.25

<b>DOCUMENT # 726476</b> 1. Entity Name <b>THE CORAL BAY YACHT CLUB, INC.</b>					
Principal Place of Business <b>1080 SAN PEDRO AVE</b> <b>CORAL GABLES, FL 33156 US</b>			Mailing Address <b>1080 SAN PEDRO AVE</b> <b>CORAL GABLES, FL 33156 US</b>		
2. Principal Place of Business <b>12891 Deva Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>12891 Deva Street</b> Suite, Apt. #, etc.			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>59-2065493</b>	
Zip <b>33156</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEXLER, STEVEN</b> <b>1080 SAN PEDRO AVE</b> <b>CORAL GABLES, FL 33156</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WEXLER, STEVEN</b> <b>1080 SAN PEDRO AVE</b> <b>CORAL GABLES, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GOLDSMITH, BERTRAM J JR</b> <b>13035 NEVADA STREET</b> <b>CORAL GABLES, FL 33156</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LYNN, STEVE</b> <b>861 SAN PEDRO AVE</b> <b>CORAL GABLES, FL 33156</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GEER, LEWIS</b> <b>12952 NEVADA STREET</b> <b>CORAL GABLES, FL 33156</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director <b>William R. Robbins</b> <b>830 Lugo Avenue</b> <b>Coral Gables, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <b>Richard Godfrey</b> <b>899 Bella Vista Avenue</b> <b>Coral Gables, FL 33156</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director <b>Rosalie S-B. Parker</b> <b>12891 Deva Street</b> <b>Coral Gables, FL 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director <b>William R. Robbins</b> <b>830 Lugo Avenue</b> <b>Coral Gables, FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director <b>Richard Godfrey</b> <b>899 Bella Vista Avenue</b> <b>Coral Gables, FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director <b>Rosalie S-B. Parker</b> <b>12891 Deva Street</b> <b>Coral Gables, FL 33156</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Rosalie S-B Parker Treasurer</i> <b>4-10-05</b> <b>305-633-6333</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>ROSALIE S-B PARKER</b>					