

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000929

FILED
Apr 25, 2007
Secretary of State

Entity Name: COCONUT GROVE SAILING FOUNDATION, INC.

Current Principal Place of Business:

420 SOUTH DIXIE HWY #2B
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

420 SOUTH DIXIE HWY #2B
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1073893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNING, CHARLES
6983 SW 53 LN
MIAMI, FL 33155 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: P () Delete
Name: ABELL, CHARLES G
Address: 12550 PINE NEEDLE LN
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: BRANNING, CHARLES
Address: 6983 SW 53 LN
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CARPENTER, L.B. III
Address: 420 S DIXIE HWY, #2B
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: HERNANDEZ, BETH
Address: 10464 SW 124 CT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KILPATRICK, KATHERINE
Address: 7930 SW 54 CT
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: ANDREA, STRINGOS
Address: 3616 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: L. B. CARPENTER

DIR

04/25/2007

Electronic Signature of Signing Officer or Director

Date