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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N01185 (0)**

1. Corporation Name

COCOPLUM YACHT CLUB, INC. .

Principal Place of Business

Mailing Address

% CLAUDIA P. RIDGE
6500 PRADO BLVD.
CORAL GABLES FL 33143% CLAUDIA P. RIDGE
6500 PRADO BLVD.
CORAL GABLES FL 33143-65353. Date Incorporated or Qualified
02/01/19843a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDGE, CLAUDIA P.
6500 PRADO BLVD.
CORAL GABLES FL 33143

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTZ, CHARLES	
STREET ADDRESS	6500 PRADO BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33143	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Victor Clarke	
1.3 STREET ADDRESS	6500 Prado Boulevard	
1.4 CITY-ST-ZIP	Coral Gables, FL 33143	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	CLARKE, VICTOR	
STREET ADDRESS	6500 PRADO BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Blake	
2.3 STREET ADDRESS	6500 Prado Boulevard	
2.4 CITY-ST-ZIP	Coral Gables FL 33143	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAKE, JOHN	
STREET ADDRESS	6500 PRADO BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

3.1 TITLE	Charles Hartz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary / Treasurer	
3.3 STREET ADDRESS	6500 Prado Boulevard	
3.4 CITY-ST-ZIP	Coral Gables FL 33143	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMAN, MILES	
STREET ADDRESS	6500 PRADO BLVD	
CITY-ST-ZIP	CORAL GABLES FL	

4.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	QUEVEDO, BENITO	
STREET ADDRESS	6500 PRADO BLVD	
CITY-ST-ZIP	CORAL GABLES FL	

5.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030123

CR2E037 (9/96)