

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

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 021 ****61.25

DOCUMENT # N01185

1. Entity Name

COCOPLUM YACHT CLUB, INC.



Principal Place of Business

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

Mailing Address

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

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

65-0014083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 VPD
NAME STANZIOLA, FELIX A DR ☒ Delete
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE P
NAME CLARKE, VICTOR ☐ Delete
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE SD
NAME VELIZ, ANGEL ☒ Delete
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D
NAME GARDNER, DAVE ☐ Delete
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE TD
NAME HOGG, JESSE ☒ Delete
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition
NAME CHARLES M. HARTZ
STREET ADDRESS 6500 PRADO BLVD
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME CARLOS VALDES
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE SECRETARY ☒ Change ☐ Addition
NAME DAVID GARDNER
STREET ADDRESS 6500 PRADO BLVD
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE D ☐ Change ☒ Addition
NAME MANUEL DIAZ, JR.
STREET ADDRESS 6500 PRADO BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE ☐ Change ☐ 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 #

ilca by 305 663-1353