

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90022 022 \*\*\*\*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

20064443



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0014083

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HARTZ, CHARLES M  
6500 PRADO BLVD  
CORAL GABLES, FL 33143 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GARDNER, DAVID  
6500 PRADO BLVD  
CORAL GABLES, FL 33143 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Commodore  
Hartz, Clarke M.  
6500 Prado Boulevard  
Coral Gables, Florida 33143 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Clarke, Victor  
6500 Prado Boulevard  
Coral Gables, Florida 33143 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Commodore II  
Stanziola, Felix MD  
6500 Prado Boulevard  
Coral Gables, Florida 33143 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Tano, Albert MD  
6500 Prado Boulevard  
Coral Gables, Florida 33143 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Commodore I  
Diaz, Manuel Jr.  
6500 Prado Boulevard  
Coral Gables, Florida 33143 ☐ Change ☒ Addition

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

**SIGNATURE:**

*Victor E. Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor E. Clarke

06/29/05

(305) 663-1343

Date

Daytime Phone #