

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90028 010 \*\*\*\*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

06222006 Chg-NP CR2E037 (4/06)

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME HARTZ, CLARKE M  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE C ☒ Change ☐ Addition  
NAME HARTZ, CHARLES M.  
STREET ADDRESS 6500 PRADO BOULEVARD  
CITY-ST-ZIP CORAL GABLES, FLORIDA 33143

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

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

TITLE VCII ☐ Delete  
NAME STANZIOLA, FELIX MD  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33143

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

TITLE S ☐ Delete  
NAME TANO, ALBERT MD  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33143

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

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

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

TITLE VCI ☐ Delete  
NAME DIAZ, MANUEL 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 exemptions contained 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 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:**

*Charles M. Hartz*

**Charles M. Hartz**

**06/29/06 (305) 663-1353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #