

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90150 030 ****61.25

DOCUMENT # N02798
 1. Entity Name
COCOANUT POINT YACHT CLUB, INC.



Principal Place of Business Mailing Address
PO BOX 220 **P.O. BOX 220**
STUART FL 34995 **STUART FL 34995**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-2679040 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACK, THOMAS ESQ.
10044 S OCEAN DR #402
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 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	CD	<input checked="" type="checkbox"/> Delete
NAME	STOORZA, LARRY JR	
STREET ADDRESS	1395 NW PINE LAKES DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGUIRE, MARY F	
STREET ADDRESS	625 NW NORTH RIVER DRIVE #202	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDS, BETTE	
STREET ADDRESS	3081 SE ASTER LANE #104	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	PLASKET, GEORGE	
STREET ADDRESS	3372 SE FAIRWAY WEST	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLASKET, GEORGE	
STREET ADDRESS	3372 S.E FAIRWAY WEST	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOESSIN, KRISTINE	
STREET ADDRESS	501 S.W. PINETREE LN	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	RCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAWDING, GRANT	
STREET ADDRESS	1950 SW. PALM CITY RD # 8-104	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Mary F McGuire MARY F Mc GUIRE April 4, 2006