


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90025 001 \*\*\*\*61.25

<b>DOCUMENT # N02798</b>					
1. Entity Name COCOANUT POINT YACHT CLUB, INC.					
Principal Place of Business PO BOX 220 STUART, FL 34995 US			Mailing Address P.O. BOX 220 STUART, FL 34995 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2679040	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACK, THOMAS ESQ. 10044 S OCEAN DR #402 JENSEN BEACH, FL 34957				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, PLASKET		NAME	RAWDING, GRANT	
STREET ADDRESS	3372 S.E. FAIRWAY WEST		STREET ADDRESS	1950 S.W. PALM CITY RD #8-104	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	STUART, FL 34994	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, MARY F		NAME	KEVIN NORTON	
STREET ADDRESS	625 NW NORTH RIVER DRIVE #202		STREET ADDRESS	1950 S.W. PALM CITY RD #11-102	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART, FL 34994	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, BETTE		NAME	Anthony LaBate	
STREET ADDRESS	3081 SE ASTER LANE #104		STREET ADDRESS	212 N.W. Minstal Ct	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	PORT ST LUCIA, FL 34986	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSSIN, KRISTINE		NAME	MARY A. McGUIRE	
STREET ADDRESS	501 S.W. PINETREE LN		STREET ADDRESS	625 N.W. NORTH RIVER DR. #202	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	STUART, FL 34994	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, RAWDINE		NAME	RICHARDS, BETTE	
STREET ADDRESS	1950 S.W. PALM CITY RD. #8-104		STREET ADDRESS	3081 SE ASTER LANE 104	
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP	STUART, FL 34994	
TITLE	RCD	<input checked="" type="checkbox"/> Delete	TITLE	FCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, KEVIN		NAME	LIZ Plasket	
STREET ADDRESS	1950 SW PALM CITY RD. #11-102		STREET ADDRESS	3372 S.E. FAIRWAY WEST	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART, FL 34997	
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: <u>Mary S. McGuire</u>		Date: <u>3/17/08</u>		Daytime Phone #: <u>772-692-9334</u>	
MARY F. MCGUIRE, TREASURER					

40049950



# ATTACHMENT

40049950  
# N02798

## ADDITIONAL DIRECTORS / OFFICERS

7) P.C.D.

LOESSIN, CHRISTINE  
501 S.W. PINE TREE LN.  
PALM CITY, FL 34990

8) DSO

LOESSIN, JIM.  
501 S.W. PINE TREE LN  
PALM CITY, FL 34990

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COCONUT POINT YACHT CLUB  
FEI - 59-2679040

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