2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N02798 1. Entity Name COCOANUT POINT YACHT CLUB, INC. | | | | | 03-21-2008 9 | 90025 001 ****61 | 1.25 | |
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| PO BOX 220 P.O. | | Aailing Address P.O. BOX 220 STUART, FL 34995 US |). BOX 220 | | 40049 | 950 | | |
| Principal Place of Business - No P.O. Box # 3. Mailing | | Mailing Address | | | H. 161 H. 181 H | | | |
| Suite, Apt. #, etc. Sui | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | Chg-NP | CR2E037 (12/06) | | |
| City & State Cit | | City & State | ty & State | | 040 | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | ☐ \$8.75 Add Fee Require | ditional od | |
| | 6. Name and Address of Current Regi | stered Agent | | 7. Name and | Address of New R | egistered Agent | | |
| MACK THOMAS COO | | | Name | Name | | | | |
| MACK, THOMAS ESQ. 10044 S OCEAN DR #402 JENSEN BEACH, FL 34957 | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | Zip Cod | ما | |
| | | | 5, | | | FL Zip Coo | | |
| 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 | | | | | | | | |
| | Signature, typed or printed name of registered agent and titl | e if applicable. (NOTE; Re | egistered Agent signatu | re required when reinstating) | | DATE | | |
| | Signature, typed or printed name of registered agent and till Filling Fee is \$61.25 Due by May 1, 2008 | 9. Election Campa Trust Fund Con | aign Financing | \$5.00 May Be Added to Fees | • M | ake check payable t | | |
| 10. | Filing Fee is \$61.25 | 9. Election Campa Trust Fund Con | aign Financing stribution. | \$5.00 May Bo | Flori | ake check payable tida Department of S | tate | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campa Trust Fund Con | aign Financing | \$5.00 May Be Added to Fees ADDITIONS/CHA | Flori WGES TO OFFICER GRANT PALM 617 | ake check payable t | i 10 Addition | |
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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.

MARY F. MC GUIRE TRESURER

SIGNATURE: MARY F. M. GUIRE, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY F. M. GUIRE, TREASURER

772-692-933

ATTACHMENT

4004995D + 102498

Additional Directors / Officers

- 7) P.C.D.

 LOESSIN, Christine

 501 S.W. PINE TREE LN.

 PAIM City, FL 34990
- 8) DSO
 LOESSIN. Jim.
 501 Sw. Pine TREE LN
 PAIM City, FL 34990

 COCOANUT POINT YARHT Club
 FEI-59-2679040

 DOCUMENT # NO2798