2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02798

FILED Apr 06, 2009 Secretary of State

Entity Name: COCOANUT POINT YACHT CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 220 625 NW NORTH RIVER DRIVE

STUART, FL 34995 US #202

STUART, FL 34994

Current Mailing Address: New Mailing Address:

P.O. BOX 220 625 NW NORTH RIVER DRIVE STUART, FL 34995 US

#202

STUART, FL 34994 US

FEI Number: 59-2679040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACK, THOMAS ESQ 10044 S OCEAN DR #402 US JENSEN BEACH, FL 34957

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete RAWDING, GRANT NORTON, KEVIN Name: Name:

1950 SW PALM CITY RD #8-104 Address: 1950 SW PALM CITY RD #11-102 Address:

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: V/D () Delete Title: (X) Change () Addition

NORTON, KEVIN Name: LABATE, ANTHONY Name: Address: 1950 SWJ PALM CITY RD #11-102 Address: 212 NW MINSTAL CT City-St-Zip: STUART, FL 34994 City-St-Zip: PORT ST LUCIE, FL 34986

Title: RCD () Delete Title: RCD (X) Change () Addition

LABATE, ANTHONY LERSCH, MARY Name: Name: 4870SE HANSON CIRCLE Address: 212 NW MINSTAL CT Address:

City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: STUART, FL 34997

Title: TD () Delete Title: TD (X) Change () Addition MCGUIRE, MARY P

Name: Name: MCGUIRE, MARY F 625 NW NORTH RIVER DR. #202 625 NW NORTH RIVER DR. #202 Address: Address:

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: () Delete Title: () Change () Addition

RICHARDS, BETTE Name: Name: 3081 SE ASTER LANE 104 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip:

Title: () Delete Title: () Change () Addition

PLASKET, LIZ Name: Name: Address: 3372 NSE FAIRWAY WEST Address: STUART, FL 34997 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY F MCGUIRE **TREA** 04/06/2009

Electronic Signature of Signing Officer or Director

Date