

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000929

Entity Name: COCONUT GROVE SAILING FOUNDATION, INC.**Current Principal Place of Business:**420 SOUTH DIXIE HWY
SUITE 2B
CORAL GABLES, FL 33146**Current Mailing Address:**420 SOUTH DIXIE HWY
SUITE 2B
CORAL GABLES, FL 33146**FEI Number:** 65-1073893**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARPENTER, L B III
420 S DIXIE HWY., STE 2B
CORAL GABLES, FL 33146 US*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:** L B CARPENTER, III

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PRUETT, ALYN
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

Title T
Name KILPATRICK, KAY
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

Title D
Name CARPENTER, L.B. III
Address 420 S DIXIE HWY, #2B
City-State-Zip: CORAL GABLES FL 33146

Title D
Name HERNANDEZ, BETH T
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

Title D
Name DAVIS, JEAN ANNE
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

Title D
Name KURTZ, DAVE
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

Title D
Name BIGHAM, CATHY
Address 420 SOUTH DIXIE HWY
SUITE 2B
City-State-Zip: CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: CARPENTER, L.B., III

D

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date