

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702023 (3)**

1. Corporation Name  
**MAXIMO MOORINGS CIVIC ASSOCIATION INC.**



Principal Place of Business: **3901 50TH AVE S ST PETERSBURG FL 33711 US**  
Mailing Address: **3901 50TH AVE S ST. PETERSBURG FL 33711 US**

3. Date Incorporated or Qualified: **02/15/1961**  
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business: **21 AS ABOVE**  
2a. Mailing Address: **26 AS ABOVE**

4. FEI Number: **30-1424376**  
 Applied For  
 Not Applicable

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.: **27**

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

City & State: **23**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BAKER, RAY  
3901 50TH AVE S  
ST. PETERSBURG FL 33711**

81 Name: **AS GIVEN**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered officer familiar with, and accept the obligations of, Section 617.033, Florida Statutes.

SIGNATURE: *Raymond A Baker*  
Signature, typed or printed name of registered agent and file if applicable

**1 FEB 96**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: <b>PD</b>	<input type="checkbox"/> DELETE
NAME: <b>BAKER, RAY</b>	
STREET ADDRESS: <b>3901 50TH AVE S</b>	
CITY-ST-ZIP: <b>ST PETERSBURG FL</b>	
TITLE: <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>MOORE, WILLIAM</b>	
STREET ADDRESS: <b>5040 43RD ST S.</b>	
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE
NAME: <b>MICHEL, KATHERINE</b>	
STREET ADDRESS: <b>4187 52ND AVE S</b>	
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE
NAME: <b>AKKER, ABE</b>	
STREET ADDRESS: <b>5001 42ND STREET SOUTH</b>	
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE
NAME: <b>HARADER, BONITA</b>	
STREET ADDRESS: <b>5053 43RD ST S</b>	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: <b>STACY, RALPH</b>	
2.3 STREET ADDRESS: <b>4908 38TH WAY SOUTH</b>	
2.4 CITY-ST-ZIP: <b>ST. PETERSBURG, FL 33711</b>	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	<b>600001743236</b>
5.3 STREET ADDRESS:	<b>-03/14/96--01069--003</b>
5.4 CITY-ST-ZIP:	<b>***61.25</b>
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Raymond A Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 FEB 96 (813)381-2000**  
Date Daytime Phone #