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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

702023

(3)

MAXIMO MOORINGS CIVIC ASSOCIATION INC.

| Principal Place | e of Business | Mailing | Address | | | | | | | |
|---|--|---|------------------------------------|------------------------------------|--------------|--------------------|---|---|----------------------|--------------------------|
| 3901 50TH AVE S ST PETERSBURG FL 33711 US | | 3901 50TH AVE S ST. PETERSBURG FL 33711-4813 US | | | | | | | | |
| 00 | | | | | | | 3. Date Incorporated or Qualified 02/15/1961 | 3a. Date of Last Report 03/11/1996 | | |
| a ' | lace of Business | 2a. Mailing Address | | | | | 4. FEI Number | <u>'</u> | Ap | plied For |
| 21 Suite Apt # ete | | Suite, Apt. #, etc. | | | | | 30-1424376 | | | t Applicable |
| Suite, Apt. #, etc | | 27 | | | | | 5. Certificate of Status Desired | | | |
| City & State | 0 | City | & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be o Fees |
| Zip | Country | Zip | | Cou | ntry | | 8. This corporation has liability for in | . — | | |
| 24 | 25 | 29 | | 30 | | | | Yes 🔲 No | 40, 0, | 100.002, |
| | 9. Name and Address of Current | Registered | Agent | | | | 10. Name and Address of New Reg | istered Agent | | |
| | | | | | 81 | Name | | | | |
| BAKER, RAY 3901 50TH AVE S | | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | e) | | |
| | ERSBURG FL 33711 | | 83 | | | | | | | |
| | | | | | 84 | City | | | Zip C | Code |
| | | | | | | | | | • | |
| office or ri agent. I al | to the provisions of Sections of 7.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the provisions of the provisi | and 617.150 of Florida. Su ions of, Sect | ich change was tion 617.0503, F | authorizei Iorida Stat | d by utes | the corpora | poration submits this statement for the pi tion's board of directors. I hereby accep | rpose of chang the appointme | jing its int as r | registered registered |
| SIGNATURE. | Signature, typed or printed name of registered agen | and little if applic | able (NO | TE: Registered | i Age | nt signature requi | red when reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRE | CTOR | S IN 12 |
| TITLE | PD | | ☐ DELETE | 1.1 70 | TLE | | | ☐ Ch | ange | Addition |
| NAME | BAKER, RAY | | | 1.2 N/ | ME | | | | | |
| STREET ADDRESS | 3901 50TH AVE S | | | 1.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | I bructs | 1.4 CI | | T-21P | | | | |
| TITLE | VD DALBU | | ☐ DELETE | 2.1 Ti | | | | ☐ Ch | ange | ☐ Addition |
| NAME | STACY, RALPH 4908 38TH WAY SOUTH | | | 2.2 N/ | | | | | | |
| STREET ADDRESS | ST PETERSBURG FL 33711 | | | | | ADDRESS | • | | | |
| CITY-ST-ZIP TITLE | VD DELETE | | | 2. 4 C/TY - ST - Z/P 3.1 T/T/LE | | | ☐ Ch | 2006 | Addition | |
| NAME | MICHEL, KATHERINE | | ordere | 3.2 N/ | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | alige | L Addition |
| STREET ADDRESS | 4187 52ND AVE S | | | | | ADDRESS | | | | |
| CITY-\$1-ZIP | ST PETERSBURG, FL 00000 | | | 3.4 C | | | | | | |
| TITLE | TD | ········ | DELETE | 4.1 78 | | | | ☐ Ch | ange | Addition |
| NAME | AKKER, ABE | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | 5001 42ND STREET SOUTH | | | 4.3 ST | REET | ADDRESS | | | | |
| CITY-S1-ZIP | ST PETERSBURG, FL 00000 | | | 4.4 CI | TY-S | T-ZIP | | | | |
| TITLE | SD | | DELETE | 5.1 71 | LLE | | | ☐ Ch | ange | Addition |
| NAME | Harader, Bonita | | | 5.2 N/ | ME | | | | | |
| STREET ADDRESS | 5053 43RD ST S | | | 5.3 \$7 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 5.4 CI | TY - \$ | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 6.1 Tr | | | | Ch | ange | Addition |
| NAME | | | | 6.2 N/ | ME | | | | | |
| STREET ADDRESS | | | | 6.3 ST | reet | ADDRESS | | | | |
| CITY-S1-ZIP | over contifu that the information assetted | unith this file. | a door not a :- | 6.4 CI | TY-S | T-ZIP | d in Pastice 110 07/07/0 Freddin City | 1 de abbreu est | . 6h - 1 1 | |
| informatio | n indicated on this annual report or su | pplemental i | annual report is: | true and a | ICCU | irate and that | d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal | effect as if mad | de und | ler oath: that i |
| 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 repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name | | | | | | | | | | |