

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/15/1961

4. FEI Number 30-1424376	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 4908 38th Way S. Suite, Apt. #, etc.	2a. Mailing Address 28 4908 38th Way So. Suite, Apt. #, etc.
22 #505 City & State	27 #505 City & State
23 St. Petersburg FL Zip Country	28 St. Petersburg FL Zip Country
24 33711 25 USA	29 33711 30 USA

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BAKER, RAY
3901 50TH AVE S
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name Ralph Stacy
82 Street Address (P.O. Box Number is Not Acceptable) 4908 38th Way S.
83 #505
84 City St. Petersburg
85 Zip Code FL 33711

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ralph W. Stacy* (NOTE: Registered Agent signature required when reinstating) DATE: **3/13/98**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BAKER, RAY	
STREET ADDRESS 3901 50TH AVE S	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME STACY, RALPH	
STREET ADDRESS 4908 38TH WAY SOUTH	
CITY-ST-ZIP ST PETERSBURG FL 33711	
TITLE VD	<input type="checkbox"/> DELETE
NAME MICHEL, KATHERINE	
STREET ADDRESS 4187 52ND AVE S	
CITY-ST-ZIP ST PETERSBURG, FL 00000	
TITLE TD	<input type="checkbox"/> DELETE
NAME AKKER, ABE	
STREET ADDRESS 5001 42ND STREET SOUTH	
CITY-ST-ZIP ST PETERSBURG, FL 00000	
TITLE SD	<input type="checkbox"/> DELETE
NAME HARADER, BONITA	
STREET ADDRESS 5053 43RD ST S	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ralph Stacy	
1.3 STREET ADDRESS 4908 38th Way S.	
1.4 CITY-ST-ZIP St. Petersburg FL #505 33711	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Phil Stager	
2.3 STREET ADDRESS 4184 51st Ave. So.	
2.4 CITY-ST-ZIP St. Petersburg, FL 33711	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Ralph W. Stacy* RAUPH W. STACY DATE: **3/12/98 (813) 867-9554**

CR2E037 (10/97)