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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702023

1. Corporation Name

MAXIMO MOORINGS CIVIC ASSOCIATION INC.

Principal Place of Business

4908 38TH WAY S
 #505
 ST PETERSBURG FL 33711
 US

Mailing Address

4908 38TH WAY SO
 #505
 ST. PETERSBURG FL 33711
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/15/1961

4. FEI Number

30-1424376

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STACY, RALPH
 4908 38TH WAY S. #505
 ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME BAKER, RAY
 STREET ADDRESS 3901 50TH AVE S
 CITY-ST-ZIP ST PETERSBURG FL

TITLE VD DELETE
 NAME STAGER, PHIL
 STREET ADDRESS 4184 51ST AVE SO
 CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE VD DELETE
 NAME MICHEL, KATHERINE
 STREET ADDRESS 4187 52ND AVE S
 CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE TD DELETE
 NAME AKKER, ABE
 STREET ADDRESS 5001 42ND STREET SOUTH
 CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE SD DELETE
 NAME HARADER, BONITA
 STREET ADDRESS 5053 43RD ST S
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT D Change Addition
 1.2 NAME RALPH STACY
 1.3 STREET ADDRESS 4908 38TH WAY S #505
 1.4 CITY-ST-ZIP ST PETERSBURG, FL 33711

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE TREASURER D Change Addition
 4.2 NAME JOHN COLLELO
 4.3 STREET ADDRESS 5200 38TH WAY SO
 4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Ralph Stacy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98
 Date

727-867-9554
 Daytime Phone #

CR2E037 (1/98)