

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702023

FILED
Feb 09, 2007
Secretary of State

Entity Name: MAXIMO MOORINGS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5263 40TH ST. S.
SAINT PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

5263 40TH ST. S.
SAINT PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 30-1424376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTABROOKS, DAVID
5263 40TH ST. S.
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESTABROOKS, DAVID
Address: 5263 40TH STREET S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD () Delete
Name: COLLELO, JOHN
Address: 5200 38 WAY S
City-St-Zip: ST PETERSBURG, FL 33711

Title: SD () Delete
Name: HARADER, BONITA
Address: 5053 43RD ST S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VD () Delete
Name: GHINGER, DAVID
Address: 5285 40TH STREET S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESTABROOKS, DAVID
Address: 5263 40TH STREET S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NEWELL, SHANNON
Address: 4191 50TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: HAYWOOD, NIGEL
Address: 4174 52ND AVE S
City-St-Zip: ST. PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVE ESTABROOKS

PD

02/09/2007

Electronic Signature of Signing Officer or Director

Date