

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702023

FILED  
Jan 15, 2008  
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: PD ( ) 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: NEWELL, SHANNON  
Address: 4191 50TH AVE 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: VD ( ) Delete  
Name: HAYWOOD, NIGEL  
Address: 4174 52ND AVE S  
City-St-Zip: ST. PETERSBURG, FL 33711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date