2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# 702023

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:	TD	(X) Change ( ) Addition
Name:	PUMPHREY, BRIAN	
Address:	5249 39TH ST. S	
City-St-Zip:	ST PETERSBURG, FL 33711	
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 01/25/2008

Electronic Signature of Signing Officer or Director — Date