

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 14, 2003 8:00 am
Secretary of State

03-05-2003 90067 015 ****61.25
08-14-2003 90068 016 ****61.25

DOCUMENT # 702023

1. Entity 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 S
#505
ST PETERSBURG FL 33711
US**

2. Principal Place of Business

**4366 50th Pl S.
Suite, Apt. #, etc.**

3. Mailing Address

**4366 50th Pl So.
Suite, Apt. #, etc.**



CHECK HERE IF MAKING CHANGES

City & State

ST. PETERS FL

City & State

ST PETERS FL

4. FEI Number **30-1424376**

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Richard A. Saylor**
Street Address (P.O. Box Number is Not Acceptable)
4366-50th Pl. So.
City **ST. PETERS** FL Zip Code **33711**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard A Saylor** DATE **8-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STACY, RALPH	
STREET ADDRESS	4908 38 WAY S # 505	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STAGER, PHIL	
STREET ADDRESS	4184 51ST AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLELO, JOHN	
STREET ADDRESS	5200 38 WAY S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARADER, BONITA	
STREET ADDRESS	5053 43RD ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESTABROOKS, DAVID	
STREET ADDRESS	5263 40TH STREET S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYLON, ANDY	
STREET ADDRESS	4366-50th Pl. So	
CITY-ST-ZIP	ST. PETERS FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard A. Saylor** DATE **8-11-03** **727-887-6697**

CR2E037 (4/03)