

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 027 ****61.25

DOCUMENT # 727159	
1. Entity Name THE MARITIMES ASSOCIATION, INC.	

Principal Place of Business 2050 NE OCEAN BLVD. STUART FL 34996 US	Mailing Address 2050 NE OCEAN BLVD. STUART FL 34996 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-0250534	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSS, DEBORAH L 759 S. FEDERAL HWY., STE. 212 STUART FL 34997
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when registering)	DATE _____
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

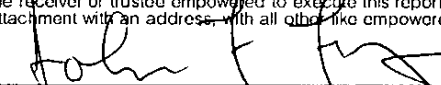
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P MORETTI, NINO 2051 NE OCEAN BLVD, UNIT: C-11 STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, ALYSON 2040 NE OCEAN BLVD, UNIT A STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FRY, FRED 2080 NE OCEAN BLVD, UNIT A STUART FL 34996	☐ Delete <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D VONHESSERT, ISA 2010 NE OCEAN BLVD., UNIT: A STUART FL 34996	☐ Delete <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, TOM 2051 NE OCEAN BLVD, UNIT: A-14 STUART FL 34996	☐ Delete <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTLAND, LINDA 2051 NE OCEAN BLVD, UNIT: C-24 STUART FL 34996	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORETTI, NINO 2051 NE OCEAN BLVD. C-11 STUART, FL. 34996	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DAVIDSON, ALYSON 2040 N.E. OCEAN BLVD. UNIT A STUART, FL 34996	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOWACK, PAUL 2010 N.E. OCEAN BLVD. UNIT B STUART, FL. 34996	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	JOHN F. FRY	Date: 2/22/07	772 285-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	