2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 727159

Entity Name: THE MARITIMES ASSOCIATION, INC.

Current Principal Place of Business:

2050 NE OCEAN BLVD.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL WAY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-0250534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
759 S. FEDERAL HWY., STE. 212
STUART, FL 34997 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:	D	( ) Delete
Name:	LEIF, GRAZI	
Address:	2051 NE OCEAN BLVD C22	
City-St-Zip:	STUART, FL 34996	
Title:	VPD	( ) Delete
Name:	DAVIDSON, ALYSON	
Address:	2040 NE OCEAN BLVD ,UNIT A	
City-St-Zip:	STUART, FL 34996	
Title:	TD	( ) Delete
Name:	FRY, FRED	
Address:	2080 NE OCEAN BLVD, UNIT A	
City-St-Zip:	STUART, FL 34996	
Title:	S-D	( ) Delete
Name:	VONHESSERT, ISA	
Address:	2010 NE OCEAN BLVD., UNIT: A	
City-St-Zip:	STUART, FL 34996	
Title:	D	(X) Delete
Name:	GROSSMAN, TERRY	
Address:	2051 NE OCEAN BLVD C13	
City-St-Zip:	STUART, FL 34996	
Title:	PD	(X) Delete
Name:	NOWACK, PAUL	
Address:	2010 NE OCEAN BLVD UNIT B	
City-St-Zip:	STUART, FL 34996	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	LEIF, GRAZI	
Address:	2051 NE OCEAN BLVD. # C-22	
City-St-Zip:	STUART, FL 34996	
Title:	VPSD	(X) Change ( ) Addition
Name:	IMMERMAN, ARTHUR	
Address:	2051 NE OCEAN BLVD. #C-14	
City-St-Zip:	STUART, FL 34996	
Title:	TD	(X) Change ( ) Addition
Name:	GROSSMAN, TERRY	
Address:	2051NE OCEAN BLVD, #C-13	
City-St-Zip:	STUART, FL 34996	
Title:	D	(X) Change ( ) Addition
Name:	AMAN, THOMAS	
Address:	2010 NE OCEAN BLVD. #A-13	
City-St-Zip:	STUART, FL 34996	
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: LEIF GRAZI PRES 03/25/2009

Electronic Signature of Signing Officer or Director — Date