

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730047

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** MARINE INDUSTRIES ASSOCIATION OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

55 EAST OCEAN BLVD.  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1639  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 59-1823709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUY YUDIN & FOSTER, LLP  
55 EAST OCEAN BLVD.  
STUART, FL 34994 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  
Name: HAIGIS, STEPHEN  
Address: 1221 MARINA VILLAGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967 US

Title: VPD  
Name: SMALL, DANNA  
Address: 1901 SW YELLOWTAIL AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SD  
Name: BYRD, GAIL  
Address: 3650 SE SEAPOINT COURT  
City-St-Zip: STUART, FL 34997 US

Title: TD  
Name: FOSTER, JOANNE  
Address: 55 EAST OCEAN BLVD.  
City-St-Zip: STUART, FL 34994 US

I hereby 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 all other like empowered.

SIGNATURE: JOANNE MARY FOSTER

TD

03/09/2010

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

\_\_\_\_\_  
Date