

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

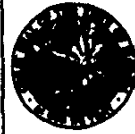
FILED

Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90027 031 *****61.25

DOCUMENT #734875

1. Entity Name
MAXIMO MOORINGS VILLAS, INC.



Principal Place of Business
4901 38TH WAY SOUTH
ST. PETERSBURG, FL 33711

Mailing Address
4901 38TH WAY SOUTH
ST. PETERSBURG, FL 33711

40025294



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-NP CR2E037 (11/06)

4. FEI Number
59-2104866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESSER, JOEL
4925 38TH WAY S
#117 A
ST PETERSBURG, FL 33711

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 reinstating)

DATE

Filing Fee is \$64.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMM
LESSER, JOEL
4925 38TH WAY S #117A
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
MADENFORD, EDWARD
4901 38TH WAY S
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALLEN, GEORGE
4925 38TH WAY S #12-C
ST PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CREWS, LINDA
4901 38TH WAY S #310C
SAINT PETERSBURG, FL 33711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KATIE TUCKER
4901 38TH WAY S #309
ST PETERSBURG, FL 33711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
LOVETT, CHRIS
4925 38TH WAYS # 105
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KILLBRIDE, BERYLE
4901 38TH WAY # 106
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOEL LESSER 3/1/06 727 8661337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #