


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

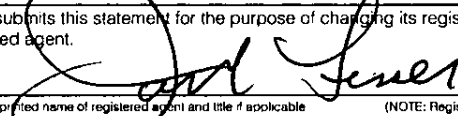
4. FEI Number 59-2104866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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:  DATE: **1/14/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMM LESSER, JOEL 4925 38TH WAY S #117A SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MADENFORD, EDWARD 4901 38TH WAY S SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, GEORGE 4925 38TH WAY S #12-C SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, KATIE 4901 38TH WAY S 304 C SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM COLTON, JEAN 4925 38TH WAY S #113A SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLBRIDE, BERYLE 4901 38TH WAY #108 C SAINT PETERSBURG, FL 33711

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 01/17/08-80006-021 61.25

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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:  DATE: **1/14/08** DAYTIME PHONE #: **727 8661337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR