2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 734875

Entity Name: MAXIMO MOORINGS VILLAS, INC.

Current Principal Place of Business:

4901 38TH WAY SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4901 38TH WAY SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 59-2104866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESSUR, JOEL
4925 38TH WAY S
#117 A
ST PETERSBURG, FL 33711 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:	BMM	( ) Delete
Name:	LESSER, JOEL	
Address:	4925 38TH WAY S #117A	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	BM	( ) Delete
Name:	MADENFORD, EDWARD	
Address:	4901 38TH WAY S	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	P	( ) Delete
Name:	ALLEN, GEORGE	
Address:	4925 38TH WAY S #12-C	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	T	( ) Delete
Name:	TUCKER, KATIE	
Address:	4901 38TH WAY S 304 C	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	BM	( ) Delete
Name:	COLTON, JEAN	
Address:	4925 38TH WAY S #113A	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	S	( ) Delete
Name:	KILLBRIDE, BERYLE	
Address:	4901 38TH WAY #108 C	
City-St-Zip:	SAINT PETERSBURG, FL 33711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOEL LESSER BMM 01/07/2009

Electronic Signature of Signing Officer or Director — Date