## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748569**

FILED Feb 24, 2009 Secretary of State

Entity Name: MARITIME ESTATES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

17 OLD KINGS RD N STE B 50 LEANNI WAY PALM COAST, FL 32137

SUITE B6

PALM COAST, FL 32137 US

**Current Mailing Address: New Mailing Address:** 

POB 2008 P.O. BOX 2008

FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 US

FEI Number: 65-0128615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BELLAPIANTA, MARC FLAGLER PALM COAST PROPERTY MANAGEMENT, IN

17 OLD KINGS ROAD NORTH, SUITE B 50 LEANNI WAY

PALM COAST, FL 32137 SUITE B6 PALM COAST, FL 32137 US

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: MARC BELLAPIANTA, PRES. 02/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MATTHEWS, BOB 2 MATTHEWS, ROBERT Name: Name: 24 BEACHSIDE DRIVE Address: 24 BEACHSIDE DRIVE Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete Title: (X) Change ( ) Addition LANE, RICHARD M Name: LANE, RICHARD M Name:

Address: 4 BEACHSIDE DRIVE Address: 4 BEACHSIDE DRIVE City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

Title: STD () Delete Title: SD (X) Change ( ) Addition

HARLOW, SKYLAR HARLOW, SKYLAR Name: Name: 11 BEACHSIDE LANE Address: 11 BCHSIDE LN Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

( ) Delete Title: Title: (X) Change ( ) Addition

MATTHEWS, EDRIS Name: Name: MATTHEWS, EDRIS 24 BEACHSIDE DRIVE 24 BEACHSIDE DRIVE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete Title: (X) Change ( ) Addition

LANE, JODI LANE, JODI Name: Name:

4 BEACHSIDE DRIVE 4 BEACHSIDE DRIVE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete Title: (X) Change ( ) Addition

HANNA, MARIAANE HANNA, MARIANNE Name: Name: Address: 3535 LILAC LN Address: 3535 LILAC LN

MINNETONKA, MN 55345 MINNETONKA, MN 55345 US City-St-Zip: 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: ROBERT MATTHEWS PD 02/24/2009

Electronic Signature of Signing Officer or Director

Date