

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005469

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA SHIPOWNERS GROUP INC.

Current Principal Place of Business:

101 NE 3RD AVE., SUITE 1500
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

101 NE 3RD AVE., SUITE 1500
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 56-2584909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILLER, PETER
101 NE 3RD AVE., SUITE 1500
FT. LAUDERDALE, FL 33301 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: D () Delete
Name: SHIELDS, KEN
Address: 18 FISHERMAN'S WHARF
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: MONOCANDILOS, JORDAN
Address: 3201 NW 24TH ST. RD.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MARTINS, JEAN SERGE
Address: 3625 NW 82ND AVE., #204
City-St-Zip: DORAL, FL 33166

Title: D () Delete
Name: GRUNE, ROB
Address: 9487 REGENCY SQ. BLVD.
City-St-Zip: JACKSONVILLE, FL 233032110

Title: D (X) Delete
Name: DORTICOS, LILY
Address: 8240 NW 52ND TERR., SUITE 503
City-St-Zip: MIAMI, FL 33166

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:

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: PETER SPILLER

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date