

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90180 025 ****61.25

DOCUMENT # N40717

1. Entity Name
MARITIME II HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business
**PO BOX 353187
PALM COAST, FL 32135-3187 US**

Mailing Address
**PO BOX 353187
PALM COAST, FL 32135-3187 US**

40085126



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0350267

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, RONALD W
93 ORANGE ST
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHEELER, GEORGE
STREET ADDRESS	19 DEERWOOD ST
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	VP
NAME	BONARDI, RICHARD
STREET ADDRESS	30 DEERWOOD ST
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	AUERBACH, MARTY
STREET ADDRESS	9186 AUGUST CIR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	TD
NAME	PIERSON, ELMER
STREET ADDRESS	41 DEERWOOD ST
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

Daytime Phone #