DOCUMENT # N94Q0001280 1. Entity Name MALABAR MARINERS ASSOCIATION, INC.						FILED Jan 17, 2001 8:00 am				
MALABA	H MAHINEHS ASSOCIATION,	INC.					ecreta			
Principal Place	of Business	Mailing Address					01-17-2001 9			
POST OFFICE MALABAR FL 3		POST OFFICE BOX 500028 MALABAR FL 32950-0028								
1555	ace of Business S. U.S. Nighway 7	3. Mailing Address								
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			1	` ' '	DO NOT WAI	TE IN THIS S	PACE	
Malabar 7C		City & State				4. FEI Number	59-3244110		No	pplied For ot Applicable
32950 Brevard.		Zip Countr		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current R					7. Name and Address of New Registered Agent				
		and the second second	Name			•		~ %		
	DN, A V JR. T NEW HAVEN AVENUE	Street Address			iress (P.	O. Box Number	r is Not Acceptabl	e)		
STE. 104 MELBOUR	NE FL 32904		City				FL	Zip Cod	e	
				1 -10						
SIGNATURE _	named entity submits this statement for Signature, typed or printed name of registered agent an			Agent signature r			, in the state of the	DATE		
•	FILE NOW: FEE IS \$61.25				\$5.00 Added to	May Be o Fees		e Check F		
10.	OFFICERS AND DIRE	CTORS	11.		AE	DDITIONS/CHA	NGES TO OFFICE	RS AND DIF	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKSTIS, VINCE 543 AMERICANA BLVD NW PALM BAY FL 32907	Delete	1	T ADDRESS ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAISON, DANIEL 604 CREEL ST	Delete .			,,				☐ Change	Addition
TITLE NAME STREET ADDRESS	MELBOURNE FL 32935 WO PD ALAZRAKI, PATRICIA 7220 BLUE SHORE RD	Delete	TITLE NAME STREE	T ADDRESS					Change -	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRANT FL 32949 TD KRIEGER, ANN 2345 LINEBERRY LANE MALABAR FL 32950	☐ Delete	TITLE	T ADDRESS					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINDADATT L 02300	☐ Delete	TITLE	T ADDRESS	285	LK the	oe V zing han FC 30		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I ADDRESS I T.		0 S. Ri		5D _		Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appropriate. Ann M. Kriegel										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #										