

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 033 ****61.25

DOCUMENT # N94000001280	
1. Entity Name MALABAR MARINERS ASSOCIATION, INC.	

Principal Place of Business 1555 S US HIGHWAY 7 MALABAR FL 32950-0028	Mailing Address 1555 S US HIGHWAY 7 MALABAR FL 32950-0028
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2. Principal Place of Business 1555 S. U.S. HIGHWAY 1	3. Mailing Address 1555 S. U.S. HIGHWAY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MALABAR FL	City & State MALABAR FL
Zip 32950-4416	Zip 32950-4416
Country USA	Country USA



MOORE CR2E037 (11/03)

4. FEI Number 59-3244110	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATTERTON, A V JR. 1990 WEST NEW HAVEN AVENUE STE. 104 MELBOURNE FL 32904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE, CHUCK II 2701 REED AVE MELBOURNE FL 32901 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA A. ALAZRAKI 7220 BLUE SHORE RD. GRANT FL 32949 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRIEGER, DONALD 2345 LINEBERRY LANE MALABAR FL 32950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAY TEMPLE 2830 ROCKY POINT RD. MALABAR FL 32950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOE, MARK 2850 WARING LANE MALABAR FL 32950 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNISI, JERRY 157 PLOVER LANE ROCKLEDGE FL 32955 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENNISI, JERRY 157 PLOVER LANE ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRIEGER, DONALD 2345 LINEBERRY LANE MALABAR FL 32950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: *Patricia A. Alazraki* **PATRICIA A. ALAZRAKI** (772) 664-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #