2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001280

1. Entity Name MALABAR MARINERS ASSOCIATION, INC.



FILED Feb 14, 2005 8:00 am Secretary of State

02-14-2005 90048 016 ****61 25

			1			7Z-14-2003 90	5046 010	01.25	,
1555 \$ US HWY 1		Mailing Address 1555 S US HWY 1 MALABAR, FL 32950-0028							
4 87 7 18		La Mallin Address		<u> </u>					
2. Principal Place of Business 3.		3. Mailing Address			BIIK BIJAN BIJINI BIJINI BIJI				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092005	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State			4. FEI Number 59-3244	110		- 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered /	Agent	
CATTERTON, A V JR. 1990 WEST NEW HAVEN AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
STE. 104 MELBOURNE, FL 32904					. ,				
, and the second			City	FL Zip Code					
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 si	pnature required	d when reinstating)		DATE		
<u> </u>	Filing Foo is \$61.25	9. Election Cam	naign Financin		¢E 00	T .	lake checi	k payable t	,
Filing Fee is \$61.25 9. Election Campaign Filing Fee by May 1, 2005 Trust Fund Contribution				" □	\$5.00 May Be Added to Fees			tment of St	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE	SD ALAZBAKI BATDICIA A	Delete	TITLE	PD.	EGER DONA	u n		X Change	Addition
NAME STREET ADDRESS	ALAZRAKI, PATRICIA A 7220 BLUE SHORE RD		NAME STREET ADDRE	S 2345	LINEBERI	RY LANE			
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP		ABAR FL				
TITLE	TD	Delete	TILE	VD				Change	Addition
NAME STREET ADDRESS	KRIEGER, DONALD 2345 LINEBERRY LANE		NAME Street addre	S DEV	ILIN, ROG Vance Co	URT N.E.			
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP			=L 3290	8		
TITLE	PD	Delete	TITLE	TD	•			☐ Change	Addition
NAME	PENNISI, JERRY		NAME STREET ADDRE	ALA	LRAKI JO O BLUE SHO	DEPH DEC DD			
STREET ADDRESS CITY-ST-ZIP	157 PLOVER LANE ROCKLEDGE, FL 32955		CITY-ST-ZIP	-	NT FL		9		
TITLE	VD	⊠ Delete	MLE	4.57.	, , ,	<u> </u>	*	Change	Addition
NAME	KRIEGER, DONALD		NAME	_					
STREET ADDRESS CITY-ST-ZIP	2345 LINEBERRY LANE MALABAR, FL 32950		STREET ADDRE	22					
TITLE	TD	Delete	TITLE			 -		☐ Change	Addition
NAME	TEMPLE, JAY	24	NAME					_ •	
STREET ADDRESS CITY-ST-ZIP	2830 ROCKY POINT DRIVE MALABAR, FL 32950		STREET ADDRE	SS -		•••		• *	
TITLE	WALADAR, FL 3293U	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRE	ss		-	-		
CITY-ST-ZIP			CITY-ST-ZIP	~					
t .									

12. Thereby certify that the information supplied with this filing does not quality 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 attachtinent with an address, with all other like empowered.

SIGNATURE:

WILLE WILLIAM PATRICIA A.

ROMATIRRE AND TYPED OR PROFIED NAME OF SIGNING OFFICER OR ORIECTOR

2/09/05

(172)664-3994 Destine Phone 8