

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001280

FILED
Feb 11, 2009
Secretary of State

Entity Name: MALABAR MARINERS ASSOCIATION, INC.

Current Principal Place of Business:

1555 S US HWY 1
MALABAR, FL 329500028

New Principal Place of Business:

Current Mailing Address:

1555 S US HWY 1
MALABAR, FL 329500028

New Mailing Address:

FEI Number: 59-3244110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATTERTON, A V JR.
1990 WEST NEW HAVEN AVENUE
STE. 104
MELBOURNE, FL 32904 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: SD () Delete
Name: KRIEGER, ANN
Address: 2345 LINEBERRY LANE
City-St-Zip: MALABAR, FL 32950

Title: PD () Delete
Name: PIERCE, CHARLES A JR
Address: 2701 REED AVE
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: BALL, GRANT
Address: 1190 US #1
City-St-Zip: MALABAR, FL 32950

Title: VD () Delete
Name: KEMMLER, HANS
Address: 2785 MALABAR RD
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KEMMLER, HANS
Address: 2785 MALABAR ROAD
City-St-Zip: MALABAR, FL 32950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ATKINSON, KEN
Address: 1408 HARPER BLVD SW
City-St-Zip: PALM BAY, FL 32908

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: GRANT BALL

T/D

02/11/2009

Electronic Signature of Signing Officer or Director

Date