

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000611

1. Entity Name

MARITIME ESTATES BEACHSIDE ASSOCIATION, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 001 ****61.95

Principal Place of Business

Mailing Address

26 BEACHSIDE DRIVE
PALM COAST FL 32137

26 BEACHSIDE DRIVE
PALM COAST FL 32137-2341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

26 Beachside Drive

N/A

City & State

City & State

Palm Coast, FL

4. FEI Number
NOT APPLICABLE

Applied For

Not Applied For

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOEWY, CAROL
26 BEACHSIDE DRIVE
PALM COAST FL 32137

Name: same

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Carol Goewy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GOEWY, CAROL
STREET ADDRESS 26 BEACHSIDE DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE TD
NAME ELLITT, JAN
STREET ADDRESS 30 BEACHSIDE DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE SD
NAME YOUNG, B.C.
STREET ADDRESS 35 BEACHSIDE DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Paige Kruger
CITY-ST-ZIP 4649 Arthur Darham Drive
Jacksonville, FL 32210

TITLE ☐ Change ☒ Addition
NAME Harry Baity
STREET ADDRESS 7595 Baymeadows Circle West, Apt. 2412
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol Goewy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #