

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000611

1. Entity Name

MARITIME ESTATES BEACHSIDE ASSOCIATION, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90033 050 ****61.25

Principal Place of Business

10 BEACHSIDE DRIVE
PALM COAST FL 32137

Mailing Address

10 BEACHSIDE DRIVE
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

BAITY, HARRY L
10 BEACHSIDE DRIVE
PALM COAST FL 32137

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME D
STREET ADDRESS GOEWEY, CAROL
CITY-ST-ZIP 26 BEACHSIDE DRIVE
PALM COAST FL 32137

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Jim Alligood
CITY-ST-ZIP 36 Beachside Dr.
Palm Coast, Fl. 32137

TITLE ☐ Delete
NAME VPD
STREET ADDRESS LANE, RICHARD M
CITY-ST-ZIP 4 BEACHSIDE DRIVE
PALM COAST FL 32137

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Robert Matthews
CITY-ST-ZIP 24 Beachside Dr.
Palm Coast, Fl. 32137

TITLE ☐ Delete
NAME S
STREET ADDRESS BAITY, CATHERINE E
CITY-ST-ZIP 10 BEACHSIDE DRIVE
PALM COAST FL 32137

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS BAITY, HARRY
CITY-ST-ZIP 10 BEACHSIDE DRIVE
PALM COAST FL 32137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02

Date

904-461283

Daytime Phone #

CR2E037 (9/01)