

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

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90013 033 ****61.25

DOCUMENT # N97000000611

1. Entity Name

MARITIME ESTATES BEACHSIDE ASSOCIATION, INC.



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

NO-T 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. 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 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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOEWEY, CAROL	
STREET ADDRESS	26 BEACHSIDE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LANE, RICHARD M	
STREET ADDRESS	4 BEACHSIDE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAITY, CATHERINE E	
STREET ADDRESS	10 BEACHSIDE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAITY, HARRY	
STREET ADDRESS	10 BEACHSIDE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLIGOOD, JIM	
STREET ADDRESS	36 BEACHSIDE DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, ROBERT	
STREET ADDRESS	24 BEACHSIDE DR.	
CITY-ST-ZIP	PALM COAST FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARMENTER, HAL	
STREET ADDRESS	29 Beachside Dr.	
CITY-ST-ZIP	Palm Coast FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CATHERINE E. BAITY *Catherine E. Baity*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

904-461-1283

Date

Daytime Phone #