


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90016 024 \*\*\*\*61.25

<b>DOCUMENT # N97000000611</b> 1. Entity Name <b>MARITIME ESTATES BEACHSIDE ASSOCIATION, INC.</b>					
Principal Place of Business <b>10 BEACHSIDE DRIVE PALM COAST FL 32137</b>		Mailing Address <b>10 BEACHSIDE DRIVE PALM COAST FL 32137</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAITY, HARRY L 10 BEACHSIDE DRIVE PALM COAST FL 32137</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Catherine E. Baity</u> <b>CATHERINE E. BAITY</b> <span style="float: right;">1/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>GOWEY, CAROL</b> <b>26 BEACHSIDE DRIVE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>PARMENTER, HAL</b> <b>29 BEACHSIDE DR.</b> <b>PALM COAST, FL. 32137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VPD</b> <b>LANE, RICHARD M</b> <b>4 BEACHSIDE DRIVE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>SD</b> <b>BAITY, CATHERINE E</b> <b>10 BEACHSIDE DRIVE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PD</b> <b>BAITY, HARRY</b> <b>10 BEACHSIDE DRIVE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>ALLIGOOD, JIM</b> <b>36 BEACHSIDE DR.</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>MATTHEWS, ROBERT</b> <b>24 BEACHSIDE DR.</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Catherine E. Baity</u> <b>CATHERINE E. BAITY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <span>1/26/05</span> <span>904-461-1283</span> </div> <small>Date Daytime Phone #</small>	