
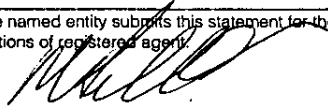
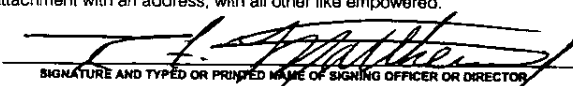


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90075 031 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. P.O. Box 2008 City & State Flagler Beach, FL Zip 32136 Country Flagler			
01302007 Chg-NP CR2E037 (12/06)		4. FEI Number NOT APPLICABLE 90-0169840			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEA STOKES PREFERRED MGMT. SVCS. 109 S. 6TH STREET STE. 100 FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name Marc Bellapianta Street Address (P.O. Box Number is Not Acceptable) 17 Old Kings Rd. N. Suite B City Palm Coast FL Zip Code 32137		
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					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOEWEY, CAROL <input checked="" type="checkbox"/> Delete 26 BEACHSIDE DRIVE PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANE, RICHARD M <input type="checkbox"/> Delete 4 BEACHSIDE DRIVE PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAITY, CATHERINE E <input checked="" type="checkbox"/> Delete 10 BEACHSIDE DRIVE PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAITY, HARRY <input checked="" type="checkbox"/> Delete 10 BEACHSIDE DRIVE PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLIGOOD, JIM <input checked="" type="checkbox"/> Delete 36 BEACHSIDE DR. PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, ROBERT <input type="checkbox"/> Delete 24 BEACHSIDE DR. PALM COAST, FL 32137				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lane, Jodi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4 Beachside Dr. Palm Coast, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ross, Jay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Beachside Dr. Palm Coast, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matthews, Edris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24 Beachside Dr. Palm Coast, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Battelle, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 36 Beachside Dr. Palm Coast, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parmenter, Hal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 29 Beachside Dr. Palm Coast, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Matthews, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 Beachside DR. Palm Coast, FL 32137				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					
Date 2/9/07 Daytime Phone #					