

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003261

FILED
Feb 19, 2008
Secretary of State

Entity Name: MAYPORT WATERFRONT, INC.

Current Principal Place of Business:

4610 OCEAN STREET
MAYPORT VILLAGE, FL 32233

New Principal Place of Business:

Current Mailing Address:

4610 OCEAN STREET
MAYPORT VILLAGE, FL 32233

New Mailing Address:

4610 OCEAN STREET
MAYPORT VILLAGE, FL 32233

FEI Number: 59-3524226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, PAUL MR.
4610 OCEAN STREET
MAYPORT VILLAGE, FL 32233 US

Name and Address of New Registered Agent:

HUFFINES, CARROLL MR.
4610 OCEAN STREET
MAYPORT VILLAGE, FL 32233 US

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: CARROLL HUFFINES

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: PARSONS, PAUL MR.
Address: 1970 MIPAULA CT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: V () Delete
Name: FISHER, DAVID MR.
Address: 4636 RIBAUT PARK STREET
City-St-Zip: MAYPORT VILLAGE, FL 32233

Title: T () Delete
Name: HUFFINES, CARROLL MR.
Address: 1409 PEARL STREET
City-St-Zip: MAYPORT VILLAGE, FL 32233

Title: D () Delete
Name: GREENWELL, TYLER MR.
Address: 1412 PALMER STREET
City-St-Zip: MAYPORT VILLAGE, FL 32233

Title: D () Delete
Name: DECKER, ALYCE MRS.
Address: 109 LOST BEACH LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32233

Title: D () Delete
Name: SINGLETON, DEAN MR.
Address: 4720 OCEAN STREET
City-St-Zip: MAYPORT VILLAGE, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARROLL HUFFINES

T

02/19/2008

Electronic Signature of Signing Officer or Director

Date