2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003261

Entity Name: MAYPORT WATERFRONT, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4610 OCEAN STREET 2462 JETTY COURT

MAYPORT VILLAGE, FL 32233 ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

4610 OCEAN STREET 2462 JETTY COURT

MAYPORT VILLAGE, FL 32233 ATLANTIC BEACH, 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: Name and Address of New Registered Agent:

HUFFINES, CARROLL MR.

4610 OCEAN STREET

HUFFINES, CARROLL MR.

1409 PEARL STREET

MAYPORT VILLAGE, FL 32233 US 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: 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:FISHER, DAVID MR.Name:CRUMLEY, GARY MR.Address:4636 RIBAULT PARK STREETAddress:2462 JETTY COURTCity-St-Zip:MAYPORT VILLAGE, FL 32233City-St-Zip:ATLANTIC BEACH, FL 32233

Title: T () Delete Title: () Change () Addition

 Name:
 HUFFINES, CARROLL MR.
 Name:

 Address:
 1409 PEARL STREET
 Address:

 City-St-Zip:
 MAYPORT VILLAGE, FL 32233
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:GREENWELL, TYLER MR.Name:FISHER, DAVID MR.Address:1412 PALMER STREETAddress:4636 RIBAULT PARK STREETCity-St-Zip:MAYPORT VILLAGE, FL 32233City-St-Zip:MAYPORT VILLAGE, FL 32233

Name: DECKER, ALYCE MRS. Name: DECKER, ALYCE MRS. Address: 109 LOST BEACH LANE Address: 109 LOST BEACH LANE

City-St-Zip: PONTE VEDRA BEACH, FL 32233 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete Title: () Change () Addition

 Name:
 SINGLETON, DEAN MR.
 Name:

 Address:
 4720 OCEAN STREET
 Address:

 City-St-Zip:
 MAYPORT VILLAGE, FL 32233
 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 01/08/2009