

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702023

**Entity Name:** MAXIMO MOORINGS CIVIC ASSOCIATION, INC.

**FILED**  
**Jan 27, 2017**  
**Secretary of State**  
**CC9391056548**

**Current Principal Place of Business:**

4905 34TH STREET SOUTH  
BOX 207  
SAINT PETERSBURG, FL 33711

**Current Mailing Address:**

4905 34TH ST. SOUTH  
BOX #207  
SAINT PETERSBURG, FL 33711 US

**FEI Number:** 61-1431457

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCBRIDE, JIM  
4905 34TH STREET SOUTH  
BOX 207  
SAINT PETERSBURG, FL 33711 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:** JIM MCBRIDE

01/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCBRIDE, JIM  
Address        4905 34TH STREET SOUTH  
                  BOX 207  
City-State-Zip: SAINT PETERSBURG FL 33711

Title            TREASURER  
Name            RUSSO, SUSAN  
Address        4905 34TH ST. SOUTH  
                  BOX #207  
City-State-Zip: SAINT PETERSBURG FL 33711

Title            SECRETARY  
Name            PICKETT, PAULA  
Address        4905 34TH ST. SOUTH  
                  BOX #207  
City-State-Zip: SAINT PETERSBURG FL 33711

Title            VP  
Name            DERICKS, WIM  
Address        4905 34TH STREET SOUTH  
                  BOX 207  
City-State-Zip: SAINT PETERSBURG FL 33711

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUSAN RUSSO

**TREASURER**

01/27/2017

Electronic Signature of Signing Officer/Director Detail

Date