

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

DOCUMENT# 734875

**Entity Name:** MAXIMO MOORINGS VILLAS, INC.

**Current Principal Place of Business:**

4901 38TH WAY SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

4901 38TH WAY SOUTH  
ST. PETERSBURG, FL 33711

**FEI Number:** 59-2104866

**Certificate of Status Desired:** No

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

LESSER, JOEL  
4925 38TH WAY S  
#117 A  
ST 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MGR  
Name LESSER, JOEL  
Address 4925 38TH WAY S #117A  
City-State-Zip: SAINT PETERSBURG FL 33711

Title BM  
Name WESTON, PENNY  
Address 4925 38TH WAY S  
APT 7A  
City-State-Zip: SAINT PETERSBURG FL 33711

Title SECRETARY  
Name ALLEN, GEORGE  
Address 4925 38TH WAY S #12-C  
City-State-Zip: SAINT PETERSBURG FL 33711

Title BM  
Name TUCKER, KATIE  
Address 4901 38TH WAY S 304 C  
City-State-Zip: SAINT PETERSBURG FL 33711

Title BM  
Name LINDA, CREWS  
Address 4901 38TH WAY S #310  
City-State-Zip: SAINT PETERSBURG FL 33711

Title BM  
Name LILJESTRAND, AL  
Address 4901 38TH WAY #318  
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:** JOEL LESSER

LCAM

01/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date