

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748569

**Entity Name:** MARITIME ESTATES OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 20, 2023**  
**Secretary of State**  
**9918468235CC**

**Current Principal Place of Business:**

36 BEACHSIDE DRIVE  
PALM COAST, FL 32137

**Current Mailing Address:**

36 BEACHSIDE DRIVE  
PALM COAST, FL 32137 US

**FEI Number:** 65-0128615

**Certificate of Status Desired:** No

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

BATTELLE, BARBARA-ANNE MARIE PHD  
36 BEACHSIDE DRIVE  
PALM COAST, FL 32137 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:** BARBARA-ANNE BATTELLE

01/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BATTELLE, BARBARA-ANNE MARIE  
                  PHD  
Address        36 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            VP  
Name            CLEATON, LAUREN  
Address        2 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            SECRETARY  
Name            SPARHAWK, TESS  
Address        32 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            TREASURER  
Name            GILLAND, RICHARD  
Address        18 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            KRIDER, VERNON  
Address        8 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            CAMPBELL, ANDREW  
Address        5 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            BLACK, FRANCIS  
Address        6 BEACHSIDE DRIVE  
City-State-Zip: PALM COAST FL 32137

*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:** BARBARA-ANNE BATTELLE

**PRESIDENT**

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date