

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005191

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC1837607198**

**Entity Name:** 3ED BATTALION 9TH MARINES ASSOCIATION, INC.

**Current Principal Place of Business:**

2297 14TH AVENUE SOUTHWEST  
LARGO, FL 33770-4710

**Current Mailing Address:**

2297 14TH AVENUE SOUTHWEST  
LARGO, FL 33770-4710 US

**FEI Number:** 59-3736415

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 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 CCEOP  
Name STEWART, ROBERT W  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title D  
Name RILEY, WALTER J  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title D  
Name SALTAFORMAGGIO, CHARLES B  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title D  
Name WADLEY, PRENTICE  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title VD  
Name HAIG, CHARLES R  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title VD  
Name BROWN, LAWRENCE R  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title D  
Name REASCH, THOMAS V  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title V  
Name SWARTZ, JAY L  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

**Continues on page 2**

*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:** ROBERT W STEWART

CCEOP

04/18/2016

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title V  
Name PYLE, MICHAEL H  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710

Title V  
Name JOHNSON, IRA G. R. II  
Address 2297 14TH AVENUE SOUTHWEST  
City-State-Zip: LARGO FL 33770-4710