


FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771172** (4)
1. Corporation Name
MAIDSTONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619 US
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3. Date Incorporated or Qualified 11/09/1983	
4. FEI Number 59-2145759	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 2753 STATE ROAD 580 Suite, Apt. #, etc. 22 #207 City & State 23 CLEARWATER FL Zip 24 33761	2a. Mailing Address 26 2753 STATE ROAD 580 Suite, Apt. #, etc. 27 #207 City & State 28 CLEARWATER FL Zip 29 33761
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent LEIGHTON, LENNARD A C/O SEABOARD ARBORS MANAGEMENT SVCS., INC. 1700 MCMULLEN BOOTH ROAD, SUITE C3 CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81 Name MAUREEN C. REARDON 82 Street Address (P.O. Box Number is Not Acceptable) 2753 STATE ROAD 580 #207 83 84 City CLEARWATER FL 85 Zip Code 33761
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Maureen C. Reardon* **2-4-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	S/T/D
NAME	SHEPHERD, JANE	1.2 NAME	
STREET ADDRESS	10606 LONGWOOD DR #203B	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	SIMPSON, ELIZABETH	2.2 NAME	
STREET ADDRESS	10606 LONGWOOD DRIVE	2.3 STREET ADDRESS	10606 LONGWOOD DR #103B
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	V/D
NAME	DEYOUNG, FRANCES	3.2 NAME	DeYOUNG, FRANCIS
STREET ADDRESS	10626 LONGWOOD DR, #103A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LONES, AGNES	4.2 NAME	
STREET ADDRESS	8747 BARDMOOR PLACE, #102F	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	MANEILLY, ELSIE
STREET ADDRESS		5.3 STREET ADDRESS	10606 LONGWOOD DR #104B
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO FL 33777
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth G. Simpson*

CR2E037 (10/97)