

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # 771172**1. Entity Name
MAIDSTONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 SR 580 SUITE 207 SUITE C-3 CLEARWATER FL 33761 US	2753 SR 580 SUITE 207 SUITE C-3 CLEARWATER FL 33761 US

2. Principal Place of Business	3. Mailing Address
2753 SR 580	2753 SR 580

Suite, Apt. #, etc.	Suite, Apt. #, etc.
207	207

City & State	City & State
CLEARWATER FL	CLEARWATER FL

Zip	Country	Zip	Country
33761	US	33761	US

4. FEI Number	Applied For
59-2145759	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REARDON MAUREEN C 2753 SR 580 SUITE 207 1700 MCMULLEN BOOTH ROAD, SUITE C3 CLEARWATER FL 33761 US	Name REARDON MAUREEN C Street Address (P.O. Box Number is Not Acceptable) 2753 SR 580 207 City CLEARWATER FL Zip Code 33761

8. 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	03/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREEGAN H. JOE			NAME	MERCAK MARYANN		
STREET ADDRESS	2979 WEST BAY DRIVE			STREET ADDRESS	10606 LONGWOOD DR, 103B		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770			CITY-ST-ZIP	LARGO FL 33777		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONES AGNES			NAME	ROBBINS DELORES		
STREET ADDRESS	8747 BARDMOOR PLACE, #102F			STREET ADDRESS	8747 BARDMOOR PLACE, #104F		
CITY-ST-ZIP	LARGO FL			CITY-ST-ZIP	LARGO FL 33777		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS DEYOUNG			NAME	FRANCIS DEYOUNG		
STREET ADDRESS	10626 LONGWOOD DR #A203			STREET ADDRESS	10626 LONGWOOD DR #A203		
CITY-ST-ZIP	LARGO FL 33770			CITY-ST-ZIP	LARGO FL 33777		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGH ERNO			NAME	HUGH ERNO		
STREET ADDRESS	8707 BARDMOOR PLACE #C203			STREET ADDRESS	8707 BARDMOOR PLACE #C203		
CITY-ST-ZIP	LARGO FL 33770			CITY-ST-ZIP	LARGO FL 33777		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHERD, JANE			NAME	SHEPHERD JANE		
STREET ADDRESS	10606 LONGWOOD DR #203B			STREET ADDRESS	10606 LONGWOOD DR #203B		
CITY-ST-ZIP	LARGO FL			CITY-ST-ZIP	LARGO FL 33777		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	PD	03/29/2001
JANE SHEPHERD		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E037 (11/00)