FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771172 (4)

1. Corporation Name
MAIDSTONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619 US	1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2145759 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HICKS, JOYCE M.
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: LENNARD A. LEIGHTON
82 Street Address (P.O. Box Number is Not Acceptable): c/o SEABOARD ARBORS MANAGEMENT SERVICES, INC.
83: 1700 McMULLEN BOOTH ROAD, SUITE C3
84 City: CLEARWATER FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4-26-95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, JANE	12 NAME	
STREET ADDRESS	10606 LONGWOOD DR #203B	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, ELIZABETH	22 NAME	
STREET ADDRESS	10606 LONGWOOD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	XX Change ☐ Addition
NAME	JACKSON, JOSEPH	32 NAME	D
STREET ADDRESS	8737 BARDMOOR PL. #204E	33 STREET ADDRESS	Boyce, Robert
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	C/O Main Street Properties, P.O.Box 100 Leroy, N.Y. 14482 N/A
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	RECEIVED BY MAY 2 '95
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	$ Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jane Shepherd 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANE SHEPHERD

000550