## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State **DOCUMENT # 750984** 1. Entity Name 05-16-2001 90012 039 \*\*\*\*61.25 MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ALL FLORIDA REALTY SVCS ALL FLORIDA REALTY SVCS 349/02 11270 4ST N.SUITE #216 11270 4ST N.SUITE #216 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2280099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable WASILIK, RICHARD F 11270-4TH ST NORTH **SUITE 216** City Zip Code ST PETERSBURG FL 33716 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE d name of registered agent and title if applicable DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **VPD** Delete TITLE Change ☐ Addition NAME CHRISTOPHER WARDRUM NAME STREET ADDRESS STREET ADDRESS 4340 37TH ST SOUTH #C-9 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33711 TITLE ☐ Change ☐ Addition **S**Delete TITLE NAME PLUNKETT, NANCY NAME STREET ADDRESS STREET ADDRESS 4400 37TH ST S., #2 City-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL-Delete TITLE TITI F Change Addition NAME CURCURU, LIZ NAME STREET ADDRESS STREET ADDRESS 4400 37TH SO. #4 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE Delete 🛣 Addition TITLE NAME GUERRA, ANNA MARIA NAME STREET ADDRESS STREET ADDRESS 4531 43RD ST. SO. CITY-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL TS () TITLE Delete TITLE ☐ Change ☐ Addition CESARANO, MURY NAME NAME STREET ADDRESS 3149 JUNE ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CALEDONIA NY TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is not 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 frustee 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

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