

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90026 028 \*\*\*\*61.25

**DOCUMENT # 750984**

1. Entity Name

**MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

ALL FLORIDA REALTY SVCS  
 11270 4TH ST N SUITE #216  
 ST PETERSBURG FL 33716  
 US

ALL FLORIDA REALTY SVCS  
 11270 4TH ST N SUITE #216  
 ST PETERSBURG FL 33716  
 US

00046473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*% All Florida Realty*

*% All Florida Realty*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*13017 Park Blvd N*

*13017 Park Blvd N*

City & State

City & State

*Seminole, FL*

*Seminole, FL*

Zip

Country

Zip

Country

*33776*

*33776*

4. FEI Number

**59-2280099**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALL FLORIDA REALTY SERVICES  
 11270 4TH ST NORTH  
 SUITE 216  
 ST PETERSBURG FL 33716

Name: *Alore Saylor*  
 Street Address (P.O. Box Number is Not Acceptable):  
*% All Florida Realty*  
*13017 Park Blvd N*  
 City: *Seminole* FL Zip Code: *33776*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Alore Saylor* *2/12/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTOPHER WARDRUM	
STREET ADDRESS	4340 37TH ST SOUTH #C-9	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CURCURU, LIZ	
STREET ADDRESS	4400 37TH SO. #4	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEWITT, DELORES	
STREET ADDRESS	4250 37TH STREET S #A4	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	T	<input type="checkbox"/> Delete
NAME	CESARANO, MURY	
STREET ADDRESS	3149 JUNE ST	
CITY-ST-ZIP	CALEDONIA NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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:

*Alore Saylor*

*2/12/02 227 577 7575*

CR2E037 (9/01)