


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90047 009 ****61.25

DOCUMENT # 750984

1. Entity Name
MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O ALL FLORIDA REALTY
 13017 PARK BLVD N
 SEMINOLE, FL 33776 US**

Mailing Address
**C/O ALL FLORIDA REALTY
 13017 PARK BLVD N
 SEMINOLE, FL 33776 US**

50052942



2. Principal Place of Business
100 1st AVE So
 Suite, Apt. #, etc.
#281 c/o AMG
 City & State
ST PETERSBURG, FL
 Zip
33701 Country
US

3. Mailing Address
100 1st AVE S.
 Suite, Apt. #, etc.
#281 c/o AMG
 City & State
ST PETERSBURG, FL
 Zip
33701 Country
U.S.

05102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**WALSH, JIM
 ALL FLORIDA REALTY SERVICES, INC.
 13017 PARK BLVD.
 SEMINOLE, FL 33776**

7. Name and Address of New Registered Agent
 Name
ASSOCIATION MANAGEMENT GROUP
 Street Address (P.O. Box Number is Not Acceptable)
100 1st AVE So #281
 City
ST PETERSBURG FL Zip Code
33701

4. FEI Number
59-2280099 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ALORE SAYLOR, LCAM
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	MULLINAX, PHILLIP 4400 37TH STREET S., #D-1 SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE VP	DAVID BYAD 4350 31st ST So ST PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	HARPER, WILLIAM 835 1/2 18TH AVE. N.E. SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	CESARANO, MARY 4350 37TH STREET S. #C-8 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	WARDUM, MARK 4340 37TH STREET S. #C-9 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	LIZ CURCULO 4400 37th ST. So D-4 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Date 5/05 Daytime Phone # _____