2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 750984 1. Entity Name MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.							IFY OT ST 90047 009 ****6	
C/O ÁLL FLORIDA REALTY C/ 13017 PARK BLVD N 13		Mailing Address C/O ALL FLORIDA REALTY 13017 PARK BLVD N SEMINOLE, FL 33776 US		1 16 a m 1 8 a bi diu		5005294		
2. Principal P	Place of Business	3. Mailing Address 100 St AV	ε 5 .					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	AMG-		05102005	Chg-NP	CR2E037 (10/03)	
City & Stat		City & State AT ETERS /	سر ــــــــــــــــــــــــــــــــــــ		4. FEI Number 59-22800	99	<u> </u>	pplied For
Zip 337	Country	Zip	Country S.	~	5. Certificate of S		□ \$8.75 Ad	ditional
33/	6. Name and Address of Current R	33701	- 7.5.	•	7. Name and Ad	Idress of New R	Fee Require	ed
			Name					
WALSH, JI ALL FLOR	IM IDA REALTY SERVICES, INC.		Street Ag	ddress (F	P.O. Box Number is	<i>NAGEMEN</i> s Not Acceptable	T GROUP	
13017 PAR	RK BLVD. E, FL 33776		100		ot HYE :	50 #28	71	
SEMINOLI	E, FL 33776		City					
			City ST	PET	ERSBURG		FL Zip Coo	3701
The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	regist e re	ed agent, or both, i	n the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .		A			100	- 4		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	LORE OF Registered Agent signatu	7 Y LOI ure required	R, LCA/ when reinstating)	η	DATÉ	
Đ	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25 ue by September 7, 2005	9. Election Cam Trust Fund C	paign Financing		when reinstating) \$5.00 May Be Added to Fees	M	DATE ake check payable ida Department of S	
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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 supplied render on this 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 of 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

J/G

Daytime Phone #