


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 750984			
1. Entry Name MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 100 1ST AVE SO #281 C/O AMG SAINT PETERSBURG, FL 33701 US		Mailing Address 100 1ST AVE SO #281 C/O AMG SAINT PETERSBURG, FL 33701 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02232006		Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2280099		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASSOCIATION MANAGEMENT GROUP 100 1ST AVE SO #281 SAINT PETERSBURG, FL 33701		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, DAVID	NAME	
STREET ADDRESS	4350 37TH ST SO	STREET ADDRESS	UB00000468529
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	03/24/06-80034-024 61.25
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, WILLIAM	NAME	
STREET ADDRESS	835 1/2 18TH AVE. N.E.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESARANO, MARY	NAME	
STREET ADDRESS	4350 37TH STREET S. #C-8	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDUM, MARK	NAME	
STREET ADDRESS	4340 37TH STREET S. #C-9	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCURO, LIZ	NAME	
STREET ADDRESS	4400 37TH ST SO D-4	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 3/8/06 Daytime Phone #: 727-898-8876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			