

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 750984</b> 1. Entity Name <b>MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.</b>			
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 - No P.O. Box # <b>8322-42<sup>ND</sup> AVEN.</b>		3. Mailing Address <b>8322 42<sup>ND</sup> AVEN</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ST PETERSBURG, FL</b>		City & State <b>ST PETERSBURG, FL</b>	
Zip <b>33709</b>		Zip <b>33709</b>	
Country <b>PINELLAS</b>		Country <b>PINELLAS</b>	
4. FEI Number <b>59-2280099</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASSOCIATION MANAGEMENT GROUP 100 1ST AVE SO #281 SAINT PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent  Name <b>S&amp;R PROPERTY MGMT., INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8322-42 AVEN</b> City <b>ST PETERSBURG</b> FL Zip Code <b>33709</b>	
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 <b>SHIRLEY S. WASILIK</b>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)	
DATE <b>9/14/07</b>		DATE	
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BYRD, DAVID</b> <input type="checkbox"/> Delete <b>4350 37TH ST SO</b> <b>SAINT PETERSBURG, FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600109596789</b> <b>09/18/07--01071--005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>HARPER, WILLIAM</b> <input checked="" type="checkbox"/> Delete <b>835 1/2 18TH AVE. N.E.</b> <b>SAINT PETERSBURG, FL 33704</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>COHEN, SHANNON</b> <b>4250 37TH ST S. #7</b> <b>ST PETERSBURG, FL 33711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CESARANO, MARY</b> <input type="checkbox"/> Delete <b>4350 37TH STREET S. #C-8</b> <b>SAINT PETERSBURG, FL 33711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WARDUM, MARK</b> <input type="checkbox"/> Delete <b>4340 37TH STREET S. #C-9</b> <b>SAINT PETERSBURG, FL 33711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CURCURO, LIZ</b> <input checked="" type="checkbox"/> Delete <b>4400 37TH ST SO D-4</b> <b>SAINT PETERSBURG, FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>O'GRADY, CHRISTOPHER</b> <b>4400 37 ST S #1</b> <b>ST PETERSBURG, FL 33711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>Shirley S. Wasilik Agent</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
DATE <b>9/14/07 (127) 384-6902</b>		DATE	
DAYTIME PHONE #		DAYTIME PHONE #	