


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 035 ****61.25

DOCUMENT # 750984					
1. Entity Name MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8322 42ND AVENUE SAINT PETERSBURG, FL 33709 US			Mailing Address 8322 42ND AVENUE SAINT PETERSBURG, FL 33709 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2280099	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
S&R PROPERTY MGMT. INC. 8322 42ND AVENUE NORTH SAINT PETERSBURG, FL 33709				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, DAVID		NAME		
STREET ADDRESS	4350 37TH ST SO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SHANNON		NAME		
STREET ADDRESS	4250 37TH STREET SOUTH #7		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, CHRISTOPHER		NAME	JANET EGBERT	
STREET ADDRESS	4400 37TH ST SO #1		STREET ADDRESS	4340 37 ST SO #C3	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete	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: <i>David Byrd</i>			LEADM Agent 4/28/08 (727) 384-6902		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		