

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90051 011 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N19240

1. Entity Name

MARITANA COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3390 W MARITANA DR
 ST. PETERSBURG FL 33706-1011
 US

3390 W MARITANA DR SUITE 3
 ST. PETERSBURG FL 33706-4011
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2917128

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, BARBARA M
 3390 W MARITANA DR SUITE 3
 ST PETERSBURG BEACH FL 33706

Name **KENNETH BAYLEY**
 Street Address (P.O. Box Number is Not Acceptable)
3390 W MARITANA DR #1
 City **ST. PETE BEACH, FL** Zip Code **33706**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kenneth Bayley

2/11/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GRANT, BARBARA M	
STREET ADDRESS	3390 W MARITANA DR SUITE 3	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	BAYLEY, KENNETH	
STREET ADDRESS	3390 W MARITANA DR #1	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, KENNETH H	
STREET ADDRESS	3390 W MARITANA DR SUITE 5	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPALITANO, ANTHONY	
STREET ADDRESS	1949 ILLINOIS AV NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kenneth Bayley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

727-363-8185
 Daytime Phone #

CR2E037 (9/99)