

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90123 013 \*\*\*\*61.25

**DOCUMENT # N19240**

1. Entity Name

**MARITANA COURT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3390 W MARITANA DR  
 ST. PETE BEACH FL 33706  
 US

3390 W MARITANA DR  
 3  
 ST. PETE BEACH FL 33706  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3390 W. MARITANA DR  
 Suite, Apt. #, etc.  
 # 5

3390 W. MARITANA DR  
 Suite, Apt. #, etc.  
 # 5

City & State

ST. PETE BEACH, FL

Zip

33706

Country

USA

City & State

ST. PETE BEACH, FL

Zip

33706

Country

USA

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

GRANT, CRAIG M  
 3390 W MARITANA DR  
 3  
 ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name: *Athenine C Marien*  
 Street Address (P.O. Box Number is Not Acceptable): *3390 Maritana Dr W #5*  
 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: *Athenine C Marien*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/4/02*

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, BARBARA M	
STREET ADDRESS	3390 W MARITANA DR SUITE 3	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, CRAIG M	
STREET ADDRESS	3390 W MARITANA DR #3	
CITY-ST-ZIP	ST-PETE BEACH FL 33706	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	NAPALITANO, ANTHONY	
STREET ADDRESS	1949 ILLINOIS AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANTOR, JOEL A.	
STREET ADDRESS	3390 W. MARITANA DR # 4	
CITY-ST-ZIP	ST. PETE 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOEL KELLEY		
STREET ADDRESS	3390 W Maritana Dr #5		
CITY-ST-ZIP	ST PETE BEACH, FL 33706		
TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOEL A. CANTOR		
STREET ADDRESS	3390 W MARITANA DR # 4		
CITY-ST-ZIP	ST-PETE BEACH, FL 33706		
TITLE	VTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KATHY MARIEN		
STREET ADDRESS	3390 W Maritana Dr #5		
CITY-ST-ZIP	ST PETE BEACH, FL 33706		
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: *JOEL A. CANTOR, Prop.* Date: *3/9/02* Daytime Phone #: *813-243-0905*

CR2E037 (9/01)