2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 18, 2003 8:00 am Secretary of State

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MARITA	NA COURT CONDOMINIUM AS					01-21-2003 9	•		_
Principal Place of Business 3390 W MARITANA DR 5 ST. PETE BEACH FL 33706 US		Mailing Address 3390 W MARITANA DR 5 ST. PETE BEACH FL 33706 US							
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2. Principa	al Place of Business	3. Malling Address	<u> </u>						
Suite, A	.pt. #, etc.	Suite, Apt. #, etc.			₩	CHECK HERE IF MA	KING CHANGE	ES	
City & S		City & State			4. FEI Number	59-2917128	→	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 A	dditional	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New Registe	red Agent		`
			Name	, , , ,			- Agein		-
MARIEN, KATHERINE C 3390 W MARITANA DR			Street	Street Address (P.O. Box Number is Not Acceptable)					
5 St. Pete Beach Fl 33708			Cib						
	ve named entity submits this statement for lations of registered agent.		City				Zip Co		7
SIGNATURE	Signature, typed or printed name of registered agent an	od title if applicable. (NOTE:	: Registered Agent sign.	alure required w	hen reinstating)	DAT	TE		
€36) 60	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			55.00 May Be	Make Ch	eck Payable	to	
lg:	,	Trust Fund Co	ontribution,		55.00 May Be added to Fees	Make Che Florida Dep	eck Payable partment of	State	
10	OFFICERS AND DIRE	Trust Fund Co	entribution.		55.00 May Be added to Fees	Make Ch	eck Payable partment of	State	
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10 TITLE	OFFICERS AND DIRE D KELLEY, GENE	Trust Fund Co	11. TITLE NAME		55.00 May Be added to Fees	Make Che Florida Dep	eck Payable partment of DIRECTORS IN	State	10/02)
10 TITLE NAME STREET ADDRESS	OFFICERS AND DIRE D KELLEY, GENE 3390 W MARITANA DR #5	Trust Fund Co	11. TITLE NAME STREET ADDRESS		55.00 May Be added to Fees	Make Che Florida Dep	eck Payable partment of DIRECTORS IN	State	37 (10/02)
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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:

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1/14/03 727-577-6893 Defe Destine Proce 8