

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90070 025 \*\*\*\*61.25

**DOCUMENT # N98000002739**

1. Entity Name

**MARITANA CAY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

8640 SEMINOLE BLVD.  
 SEMINOLE FL 33772

Mailing Address

161-42ND AVENUE  
 ST PETERSBURGH FL 33706-2501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3625 GULF BLVD.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33706

Country

USA

4. FEI Number

59-3565012

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T  
 8640 SEMINOLE BLVD.  
 SEMINOLE FL 33772

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERS, DAVID A	
STREET ADDRESS	161 - 42ND AVENUE	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERS, ROBERT E	
STREET ADDRESS	6145 SUN BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERS, VIRGINIA P	
STREET ADDRESS	6145 SUN BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	JEFF BRAGG	
CITY-ST-ZIP	3621 GULF BLVD. ST. PETE BEACH, FL 33706	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	RITA KRIZMONICKS	
CITY-ST-ZIP	3625 GULF BLVD ST. PETE BEACH, FL 33706	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESERVE READ	
STREET ADDRESS	VICE PRESIDENT	
CITY-ST-ZIP	3629 GULF BLVD. 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		
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:

*Rita Krizmonicks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2000 727-360-0189  
 Date Daytime Phone #

CR2E037 (9/99)