

DOCUMENT # N98000002739

1/9/01

FILED
Feb 03, 2001 8:00 am
Secretary of State

01-09-2001 90003 032 ***61.25

1. Entity Name

MARITANA CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8840 SEMINOLE BLVD.
SEMINOLE FL 33772

3625 GULF BLVD
ST PETERSBURGH FL 33706

2. Principal Place of Business

3625 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

Zip
33706

Country
USA

Zip

Country

4. FEI Number

59-3565012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8840 SEMINOLE BLVD.
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name RITA KRIZMONICS

Street Address (P.O. Box Number is Not Acceptable)

3625 GULF BLVD

ST. PETE BEACH, FL

City

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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

Rita Krizmonics

1/5/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TREASURER	RITA KRIZMONICS	3625 GULF BLVD	ST. PETE BEACH, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT	GEOERGE CALOMIRIS	3621 GULF BLVD.	ST. PETE BEACH, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REG VERNIA	C GREG VEVERNA	3625 GULF BLVD	ST. PETE BEACH, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 KRIZMONICS

(727) 360-6589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)