# **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 750984** 

Entity Name: MAXIMO HARBOUR CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 22, 2023 **Secretary of State** 3795427169CC

# **Current Principal Place of Business:**

4905 34 ST. S. #355

ST. PETERSBURG, FL 33711

# **Current Mailing Address:**

4905 34 ST. S.

#355

ST. PETERSBURG, FL 33711 US

FEI Number: 59-2280099 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ACCOUNTING CONCEPTS OF FLORIDA LLC 3827 50TH AVENUE S ST PETERSBURG FL, FL 33711 US

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: CAROL E HANSEN 03/22/2023

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** STUMPF, DAVID SCHILLACE, TRACI Name Name Address 4905 34 ST. S. Address 4905 34 ST. S.

#355

ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **SECRETARY** LAGARENNE, PATRICIA HOLZ, LENORE Name Name 4905 34 ST. S. Address 4905 34 ST. S. Address

#355

#355

#355 ST. PETERSBURG FL 33711 City-State-Zip:

Title **DIRECTOR** 

City-State-Zip:

HALSTEAD, JASON Name

4905 34 ST. S. Address

#355

ST. PETERSBURG FL 33711 City-State-Zip:

ST. PETERSBURG FL 33711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID STUMPF

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/22/2023