

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002739

**Entity Name:** MARITANA CAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3625 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

3625 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**FEI Number:** 59-3565012

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEESLEY, CHAD OSD  
3625 GULF BOULEVARD  
ST. PETE BEACH, FL 33706 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:** CHAD BEESLEY

01/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOSLIN., FRANK  
Address        3627 GULF BLVD..  
City-State-Zip: ST. PETE BEACH FL 33706

Title            VICE PRESIDENT  
Name            BARNES, JOSEPH  
Address        BARNES DULAC WATKINS  
                  TWO GATEWAY CENTER 17 EAST 603  
                  STANWIX ST.  
City-State-Zip: PITTSBURG PA 15222

Title            TREASURER  
Name            BEESLEY, CHAD  
Address        3625 GULF BLVD.  
City-State-Zip: ST PETE BEACH FL 33706

Title            SECRETARY  
Name            JOSLIN, ANNE  
Address        3627 GULF BLVD.  
City-State-Zip: ST PETE BEACH FL 33706

Title            DIRECTOR  
Name            HOGAN, KATHY  
Address        3621 GULF BOULEVARD  
City-State-Zip: ST PETE BEACH FL 33706

Title            DIRECTOR  
Name            BUSCH, GEORGE  
Address        3629 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706

Title            DIRECTOR  
Name            HOGAN, ROBERT  
Address        3621 GULF BLVD.  
City-State-Zip: ST. PETE BEACH FL 33706

*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:** CHAD O BEESLEY

**TREASURER**

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date