

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708650 (7)
1. Corporation Name
MAYBURY MANSIONS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2451 N.E. 51ST ST.
FT. LAUDERDALE FL 33308** **2451 N.E. 51ST ST.
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1965** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-1103481** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BRILL, CLARENCE J
340 SUNSET DRIVE #1501
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	DEL ZIO, ARTHUR
STREET ADDRESS	1439 S OCEAN BLVD.
CITY - ST - ZIP	POMPAÑO BEACH FL
TITLE	VD
NAME	WILLIAMS, WILLIAM E.
STREET ADDRESS	2453 NE 51ST ST.
CITY - ST - ZIP	FT LAUD, FL 00000
TITLE	PD
NAME	BRILL, CLARENCE J
STREET ADDRESS	340 SUNSET BLVD
CITY - ST - ZIP	FT LAUD, FL 00000
TITLE	AST
NAME	PAUL, GOERGE A.
STREET ADDRESS	5208 NE 24TH TERR.
CITY - ST - ZIP	FT LAUD, FL 00000
TITLE	TD
NAME	JACOBBI, JESWALD J.
STREET ADDRESS	2455 N.E. 51ST.
CITY - ST - ZIP	FT LAUD, FL 00000
TITLE	STD
NAME	REEVE, HOWARD, JR.
STREET ADDRESS	5208 N.E. 24TH TERRACE
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD Beck, William M. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2453 N.E. 51 St.
1.3 STREET ADDRESS	Ft. Lauderdale, FL 33308
1.4 CITY - ST - ZIP	
2.1 TITLE	SD DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Del Zio, Arthur
2.3 STREET ADDRESS	1439 S. Ocean Blvd.
2.4 CITY - ST - ZIP	Pompano Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: *William E. Williams*, VD Date: **4/21/95**
WILLIAM E. WILLIAMS Signature Please