

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date incorporated or Qualified: 03/16/1965  
3a. Date of Last Report: 04/27/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FET Number 59-1103481	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRILL, CLARENCE J 340 SUNSET DRIVE #1501 FT LAUDERDALE FL 33301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD BECK, WILLIAM M	<input type="checkbox"/> DELETE	11 TITLE STD William E. Williams
NAME	2453 N.E. 51ST STREET		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FT. LAUDERDALE FL		12 NAME 2453 N.E. 51 St.D308
CITY-ST-ZIP			13 STREET ADDRESS Ft. Lauderdale, FL33308
TITLE	PD BRILL, CLARENCE J	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP
NAME	340 SUNSET BLVD		21 TITLE AST
STREET ADDRESS	FT LAUD, FL 00000		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			22 NAME Henry J. Olevnik
TITLE	AST PAUL, GOERGE A.	<input type="checkbox"/> DELETE	23 STREET ADDRESS 2453 N.E. 51 St.
NAME	5208 NE 24TH TERR.		24 CITY-ST-ZIP Ft.Lauderdale, FL 33308
STREET ADDRESS	FT LAUD, FL 00000		31 TITLE
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD JACOBBI, JESWALD J.	<input type="checkbox"/> DELETE	32 NAME
NAME	2455 N.E. 51ST.		33 STREET ADDRESS
STREET ADDRESS	FT LAUD, FL 00000		34 CITY-ST-ZIP
CITY-ST-ZIP			41 TITLE
TITLE	STD REEVE, HOWARD, JR.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5208 N.E. 24TH TERRACE		42 NAME
STREET ADDRESS	FT. LAUDERDALE FL		43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			52 NAME
CITY-ST-ZIP			53 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	54 CITY-ST-ZIP
NAME			61 TITLE
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			62 NAME
			63 STREET ADDRESS
			64 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 if changed, or on an attachment with an address.

SIGNATURE: *William E. Williams* 4/1/90  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)