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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
2451 N.E. 51ST ST. FT. LAUDERDALE FL 33308 2451 N.E. 51ST ST. FT. LAUDERDALE FL 33308-4007

3. Date Incorporated or Qualified 03/16/1965 3a. Date of Last Report 04/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1103481		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 Clarence J. Brill 4/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	Sec.Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, WILLIAM M	1.2 NAME	Henry J. Olevnik
STREET ADDRESS	2453 N.E. 51ST STREET	1.3 STREET ADDRESS	2453 N.E. 51 St. D201
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Sec.Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRILL, CLARENCE J	2.2 NAME	C. Dean McGrady
STREET ADDRESS	340 SUNSET BLVD	2.3 STREET ADDRESS	5200 N.E. 24th Ter. C312
CITY-ST-ZIP	FT LAUD, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	AST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, GOERGE A.	3.2 NAME	
STREET ADDRESS	5208 NE 24TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBBI, JESWALD J.	4.2 NAME	
STREET ADDRESS	2455 N.E. 51ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVE, HOWARD, JR.	5.2 NAME	
STREET ADDRESS	5208 N.E. 24TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM E	6.2 NAME	
STREET ADDRESS	2453 NE 51 ST D308	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clarence J. Brill* 4/11/97

CR2E037 (9/96)