

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90105 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708650

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/16/1965
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1103481
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	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 Henry J. Olevnik 82 Street Address (P.O. Box Number is Not Acceptable) 2453 N.E. 51 Street 83 84 City Ft. Lauderdale, FL 85 Zip Code 33308
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE: *Henry J. Olevnik* DATE: **4/21/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE Chester C. Zakrzewski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BECK, WILLIAM M		1.2 NAME Asst. Secretary/Treas	
STREET ADDRESS 2453 N.E. 51ST STREET		1.3 STREET ADDRESS 5203 N.E. 24th Terrace B116	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Asst. Secretary/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRILL, CLARENCE J		2.2 NAME John Manfredo	
STREET ADDRESS 340 SUNSET BLVD		2.3 STREET ADDRESS 5208 N.E. 24th Terrace F120	
CITY-ST-ZIP FT LAUD, FL 00000		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLEVNIK, HENRY J		3.2 NAME	
STREET ADDRESS 2453 N.E. 51 ST., D201		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBB, 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry J. Olevnik* DATE: **4/5/99** DAYTIME PHONE: **954-771-9100**

CORPUC17 (1/98)