

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



4 3 4 7 7 0 - 9 0 2 2 0 - 3 3

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		03/16/1965	
Suite, Apt. #, etc.		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		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 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	

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	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	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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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 (1/99)