

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708650

1. Entity Name

MAYBURY MANSIONS ASSOCIATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90009 007 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1103481

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLEVNIK, HENRY J
 2453 N.E. 51 STREET
 FT LAUDERDALE FL 33308

Name
 William E. Williams

Street Address (P.O. Box Number is Not Acceptable)

2453 N.E. 51 St. D308

Ft. Lauderdale, FL 33308

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William E. Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, WILLIAM M	
STREET ADDRESS	2453 N.E. 51ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZAKRZEWSKI, CHESTER C	
STREET ADDRESS	5203 N.W. 24TH TERRACE B116	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	OLEVNIK, HENRY J	
STREET ADDRESS	2453 N.E. 51 ST., D201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBBI, JESWALD J.	
STREET ADDRESS	2455 N.E. 51ST.	
CITY-ST-ZIP	FT LAUD. FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REEVE, HOWARD, JR.	
STREET ADDRESS	5208 N.E. 24TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM E	
STREET ADDRESS	2453 NE 51 ST D308	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. Williams	
STREET ADDRESS	2453 N.E. 51 St. D308	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Riley	
STREET ADDRESS	2453 N.E. 51 St. E217	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Assistant Secy./Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Manfredo	
STREET ADDRESS	5208 N.E. 24th Ter. F120	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(954) 771-9100

Daytime Phone #

CR2E037 (9/99)