

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90043 021 ****61.25

DOCUMENT # 708650

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

WILLIAMS, WILLIAM E
2453 N.E. 51 ST D308
FT LAUDERDALE FL 33308

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM E	
STREET ADDRESS	2453 N.E. 51 ST D308	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZAKRZEWSKI, CHESTER C	
STREET ADDRESS	5203 N.W. 24TH TERRACE B1164	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	KILEY, SUSAN	
STREET ADDRESS	2453 N.E 51 ST. B217	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBBI, JESWALD J.	
STREET ADDRESS	2455 N.E. 51ST. E 317	
CITY-ST-ZIP	FT LAUD. FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REEVE, HOWARD, JR.	
STREET ADDRESS	5208 N.E. 24TH TERRACE F324	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM E	
STREET ADDRESS	2453 NE 51 ST D308	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMPRESO, JOHN	
STREET ADDRESS	5208 NE 24TH TER F120	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM M. BECK	
STREET ADDRESS	2453 NE 51 ST D 308	
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		
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, President

3/13/01 (954) 771-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)