


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90027 034 \*\*\*\*61.25

DOCUMENT # 708650 1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1103481	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM E 2453 N.E. 51 ST D 308 FT LAUDERDALE FL 33308			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligation of registered agent.					
SIGNATURE: <i>William E Williams</i>		(NOTE Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM E		NAME	DAVID MATTHEWS	
STREET ADDRESS	2453 N.E. 51 ST D308		STREET ADDRESS	2453 NE 51 ST D102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAKRZEWSKI, CHESTER C		NAME	WILLIAM M. BECK	
STREET ADDRESS	5203 NW 24TH TERRACE B114		STREET ADDRESS	2453 NE 51 ST. D302	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TREAS. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, SUSAN		NAME	SUSAN KILEY	
STREET ADDRESS	2453 NE 51ST #217D		STREET ADDRESS	2453 NE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBBI, JESWALD J.		NAME		
STREET ADDRESS	2455 NE 51 STREET E317		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVE, HOWARD, JR.		NAME		
STREET ADDRESS	5208 NE 24TH TERRACE F324		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANPAEDO, JOHN		NAME		
STREET ADDRESS	5208 NE 24TH TERRACE F120		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		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 another like empowered.					
SIGNATURE: <i>William E Williams</i>		WILLIAM E. WILLIAMS		7/18/05 954 771-9100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	