


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 022 ****61.25

DOCUMENT # 708650 1. Entity Name MAYBURY MANSIONS ASSOCIATION, INC.	
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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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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-1103481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM E 2453 N.E. 51 ST D 308 FT LAUDERDALE FL 33308	
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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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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 checked="" type="checkbox"/> Delete	NAME: ZAKRZEWSKI, CHESTER C STREET ADDRESS: 5203 NW 24TH TERRACE B114 CITY ST ZIP: FT LAUDERDALE FL 33308
TITLE: ST <input type="checkbox"/> Delete	NAME: MARINO, PROSPERO STREET ADDRESS: 5200 NE 24 TERR C309 CITY ST ZIP: FORT LAUDERDALE FL 33308
TITLE: TD <input type="checkbox"/> Delete	NAME: JACOBBI, JESWALD J. STREET ADDRESS: 2455 NE 51 STREET E317 CITY ST ZIP: FORT LAUDERDALE FL 33308
TITLE: STD <input type="checkbox"/> Delete	NAME: REEVE, HOWARD, JR. STREET ADDRESS: 5208 NE 24TH TERRACE F324 CITY ST ZIP: FORT LAUDERDALE FL 33308
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: MATTHEWS, DAVID STREET ADDRESS: 2453 NE 51 STREET D102 CITY ST ZIP: FORT LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ASST SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ONOFMIO CAROLLO STREET ADDRESS: 2455 NE 51 ST E 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:
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 exemptions contained in Section 119, 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: HOWARD REEVE, JR *Howard Reeve, Jr.* 1/29/07 954 771-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #