

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716414** (8)

1. Corporation Name

MAYAN TOWERS CONDOMINIUM I, INC.



Principal Place of Business: **125 OCEAN AVENUE PALM BEACH SHORES FL 33404**
Mailing Address: **125 OCEAN AVENUE PALM BEACH SHORES FL 33404**

3. Date Incorporated or Qualified: **04/22/1969**
3a. Date of Last Report: **05/24/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1300774**
Applied For: Not Applicable

Suite, Apt. #, etc: **22**
Suite, Apt. #, etc: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

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

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONNEY, LORETTA M
125 OCEAN AVE
APT 809
PALM BCH SHORES FL 33404**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

U. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Loretta M. Bonney* DATE: **2-20-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	SHANKS, EVELYN	
STREET ADDRESS	125 OCEAN AVE. 103	
CITY - ST - ZIP	PALM BCH SHRS, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	SEYMOUR, JOHN	
STREET ADDRESS	125 OCEAN AVE APT 805	
CITY - ST - ZIP	PALM BEACH SHRS FL	
TITLE	P	<input type="checkbox"/>
NAME	BONNEY, LORETTA M	
STREET ADDRESS	125 OCEAN AVE APT 809	
CITY - ST - ZIP	PALM BCH SHRS, FL 00000	
TITLE	T	<input type="checkbox"/>
NAME	BUCCI, MARY	
STREET ADDRESS	125 OCEAN AVE APT 705	
CITY - ST - ZIP	PALM BCH SHRS, FL 00000	
TITLE	VP	<input type="checkbox"/>
NAME	ENTWISTLE, HAROLD	
STREET ADDRESS	125 OCEAN AVE APT 707	
CITY - ST - ZIP	PALM BEACH SHRS. FL	
TITLE	D	<input type="checkbox"/>
NAME	MCWILLIAMS, PATRICK	
STREET ADDRESS	125 OCEAN AVE APT 203	
CITY - ST - ZIP	PALM BCH SHRS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *LORETTA BONNEY / Loretta M. Bonney* DATE: **2-20-96** (407)844-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)