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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716414** (8)

1. Corporation Name

MAYAN TOWERS CONDOMINIUM I, INC.

Principal Place of Business

Mailing Address

**125 OCEAN AVENUE
PALM BEACH SHORES FL 33404**

**125 OCEAN AVENUE
PALM BEACH SHORES FL 33404-5769**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1969		3a. Date of Last Report 03/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1300774		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BONNEY, LORETTA M
125 OCEAN AVE
APT 805
PALM BCH SHORES FL 33404~~

81 Name **ANTHONY PINTOZZI**
 82 Street Address (P.O. Box Number is Not Acceptable) **125 OCEAN AVE # 400**
 83 **UNIT #**
 84 City **PALM BEACH SHORES FL** 85 Zip Code **33404**

11. 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 *Anthony PintoZZi* **ANTHONY PINTOZZI PRESIDENT 2-21-97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S SHANKS, EVELYN	1.2 NAME	ANTHONY PINTOZZI
STREET ADDRESS	125 OCEAN AVE. 103	1.3 STREET ADDRESS	125 OCEAN AVE # 400
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	1.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SEYMOUR, JOHN	2.2 NAME	T JAMES D'ALESSANDRO
STREET ADDRESS	125 OCEAN AVE APT 805	2.3 STREET ADDRESS	125 OCEAN AVE # 208
CITY-ST-ZIP	PALM BEACH SHRS. FL	2.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P BONNEY, LORETTA M	3.2 NAME	VP JOHN KOWALSKI
STREET ADDRESS	125 OCEAN AVE APT 805	3.3 STREET ADDRESS	125 OCEAN AVE # 307
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	3.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T BUCCI, MARY	4.2 NAME	B RICHARA CADMUS
STREET ADDRESS	125 OCEAN AVE APT 705	4.3 STREET ADDRESS	125 OCEAN AVE # 300
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	4.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP ENTWISTLE, HAROLD	5.2 NAME	D LOUIS FABER
STREET ADDRESS	125 OCEAN AVE APT 707	5.3 STREET ADDRESS	125 OCEAN AVE # 607
CITY-ST-ZIP	PALM BEACH SHRS. FL	5.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCWILLIAMS, PATRICK	6.2 NAME	D ANTONIETTE ZUMM
STREET ADDRESS	125 OCEAN AVE APT 203	6.3 STREET ADDRESS	125 OCEAN AVE # 401
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	6.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404

14. I do 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 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 *Anthony PintoZZi* **ANTHONY PINTOZZI PRESIDENT 2-21-97 561-844-4550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040104

CR2E037 (9/96)