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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

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

3. Date Incorporated or Qualified 04/22/1969
3a. Date of Last Report 03/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1300774 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~BONNEY, LORETTA M
125 OCEAN AVE
APT 805
PALM BCH SHORES FL 33404~~

10. Name and Address of New Registered Agent
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
Signature (with printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	S	SHANKS, EVELYN
NAME		125 OCEAN AVE. 103
STREET ADDRESS		PALM BCH SHRS, FL 00000
CITY-ST-ZIP		
TITLE	D	SEYMOUR, JOHN
NAME		125 OCEAN AVE APT 805
STREET ADDRESS		PALM BEACH SHRS. FL
CITY-ST-ZIP		
TITLE	P	BONNEY, LORETTA M
NAME		125 OCEAN AVE APT 805
STREET ADDRESS		PALM BCH SHRS, FL 00000
CITY-ST-ZIP		
TITLE	T	BUCCI, MARY
NAME		125 OCEAN AVE APT 705
STREET ADDRESS		PALM BCH SHRS, FL 00000
CITY-ST-ZIP		
TITLE	VP	ENTWISTLE, HAROLD
NAME		125 OCEAN AVE APT 707
STREET ADDRESS		PALM BEACH SHRS. FL
CITY-ST-ZIP		
TITLE	D	MCWILLIAMS, PATRICK
NAME		125 OCEAN AVE APT 203
STREET ADDRESS		PALM BCH SHRS, FL 00000
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	ANTHONY PINTOZZI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		125 OCEAN AVE # 400	
1.3 STREET ADDRESS		PALM BEACH SHORES	
1.4 CITY-ST-ZIP		FL 33404	
2.1 TITLE		T JAMES D'AGOSTINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		125 OCEAN AVE # 205	
2.3 STREET ADDRESS		PALM BEACH SHORES	
2.4 CITY-ST-ZIP		FL 33404	
3.1 TITLE	VP	JOHN KOWALSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		125 OCEAN AVE # 307	
3.3 STREET ADDRESS		PALM BEACH SHORES	
3.4 CITY-ST-ZIP		FL 33404	
4.1 TITLE	S	RICHARA CABRILIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		125 OCEAN AVE # 300	
4.3 STREET ADDRESS		PALM BEACH SHORES	
4.4 CITY-ST-ZIP		FL 33404	
5.1 TITLE	D	LOUIS FABER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		125 OCEAN AVE # 607	
5.3 STREET ADDRESS		PALM BEACH SHORES	
5.4 CITY-ST-ZIP		FL 33404	
6.1 TITLE	D	ANTOINETTE ZUMM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		125 OCEAN AVE # 401	
6.3 STREET ADDRESS		PALM BEACH SHORES	
6.4 CITY-ST-ZIP		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)