


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 125 OCEAN AVENUE PALM BEACH SHORES FL 33404	Mailing Address 125 OCEAN AVENUE PALM BEACH SHORES FL 33404
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3. Date Incorporated or Qualified <b>04/22/1969</b>	Applied For Not Applicable
4. FEI Number <b>59-1300774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**ANTHONY PINTOZZI**  
125 OCEAN AVE  
UNIT 400  
PALM BCH SHORES FL 33404

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 P. Pintozzi* (PRES.) DATE: **1-9-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTHONY PINTO</b>	1.2 NAME	<b>PINTOZZI</b>
STREET ADDRESS	125 OCEAN AVE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES DAGOSTINO</b>	2.2 NAME	
STREET ADDRESS	125 OCEAN AVE 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHRS. FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN KOWALSKI</b>	3.2 NAME	
STREET ADDRESS	125 OCEAN AVE 307	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD CADMUS</b>	4.2 NAME	
STREET ADDRESS	125 OCEAN AVE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUIS FABER</b>	5.2 NAME	
STREET ADDRESS	125 OCEAN 607	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHRS. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTOINETTE ZUMMO</b>	6.2 NAME	
STREET ADDRESS	125 OCEAN AVE 401	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH SHRS, FL 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 P. Pintozzi* **REQA PINTOZZI** DATE: **1-9-98** DAYTIME PHONE: **561-804-4550**

CRE037 (10/97)