

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90093 005 ****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716414

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/22/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1300774	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
25		29		30	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PINTOZZI, ANTHONY
125 OCEAN AVE
UNIT 400
PALM BCH SHORES FL 33404

10. Name and Address of New Registered Agent

81	Name	Carol Whalen
82	Street Address (P.O. Box Number is Not Acceptable)	125 OCEAN AVE # 703
83		
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 Carol T. Whalen Carol T. Whalen, president 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINTOZZI, ANTHONY	1.2 NAME	Carol Whalen # 703
STREET ADDRESS	125 OCEAN AVE 400	1.3 STREET ADDRESS	125 Ocean Ave
CITY-ST-ZIP	PALM BCH SHRS. FL 00000	1.4 CITY-ST-ZIP	Palm Bch Shores FL 33404
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DAGOSTINO	2.2 NAME	Antoinette Zummo #401
STREET ADDRESS	125 OCEAN AVE 208	2.3 STREET ADDRESS	125 Ocean Ave
CITY-ST-ZIP	PALM BEACH SHRS. FL	2.4 CITY-ST-ZIP	Palm Bch Shores FL 33404
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KOWALSKI	3.2 NAME	William Cahill # 302
STREET ADDRESS	125 OCEAN AVE 307	3.3 STREET ADDRESS	125 Ocean Ave
CITY-ST-ZIP	PALM BCH SHRS. FL 00000	3.4 CITY-ST-ZIP	Palm Bch Shores FL 33404
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CADMUS	4.2 NAME	Edward Weber # 308
STREET ADDRESS	125 OCEAN AVE 300	4.3 STREET ADDRESS	125 OCEAN AVE
CITY-ST-ZIP	PALM BCH SHRS. FL 00000	4.4 CITY-ST-ZIP	Palm Bch Shores FL 33404
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS FABER	5.2 NAME	David ANCONA # 800
STREET ADDRESS	125 OCEAN 607	5.3 STREET ADDRESS	125 OCEAN AVE
CITY-ST-ZIP	PALM BEACH SHRS. FL	5.4 CITY-ST-ZIP	Palm Bch Shores FL 33404
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOINETTE ZUMMO	6.2 NAME	Henry Kuhns #701
STREET ADDRESS	125 OCEAN AVE 401	6.3 STREET ADDRESS	125 OCEAN AVE
CITY-ST-ZIP	PALM BCH SHRS. FL 00000	6.4 CITY-ST-ZIP	Palm Bch Shores FL 33404

14. I 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, with all other like empowered.

SIGNATURE: Carol T. Whalen Carol T. Whalen 3/29/99 863-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0041024

CR2E037 (11/98)