

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90134 043 ****61.25

0035451

DOCUMENT # 716414

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUMMO, ANN
125 OCEAN AVE
UNIT 809
PALM BCH SHORES FL 33404**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHALEN, CAROL	
STREET ADDRESS	125 OCEAN AVE, #703	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZUMMO, ANTOINETTE	
STREET ADDRESS	125 OCEAN AVE, #401	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCCI, MARY	
STREET ADDRESS	125 OCEAN AVE #705	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAPORTE, VICTOR	
STREET ADDRESS	125 OCEAN AVE, #308	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELDER, JAYNE	
STREET ADDRESS	125 OCEAN AVE, #800	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINZOTTI, CHARLES	
STREET ADDRESS	125 OCEAN AVE, #701	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annette Beresford	
STREET ADDRESS	125 OCEAN AVE #302	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK McWilliams	
STREET ADDRESS	125 OCEAN AVE #203	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY PANTONE	
STREET ADDRESS	125 OCEAN AVE #804	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annette Beresford* **REQUIRED** 4/23/03

CR2E037 (10/02)