


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90024 044 ****61.25

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # 725984 | | | |  | |
| 1. Entity Name MAI KAI CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1935 S CONWAY RD ORLANDO FL 32812 US | | | Mailing Address 1935 S. CONWAY RD. ORLANDO FL 32812 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1579078 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BETTY J. SMITH, PRESIDENT 1935 S CONWAY RD #E-1 ORLANDO FL 32812 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| State | | | State | | |
| Zip Code | | | Zip Code | | |
| FL | | | FL | | |
| 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 <i>Betty J. Smith</i> | | Date 2-11-04 | | Date | |
| 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 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | DVP | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM, LENTZ R | | NAME | Joyce Burkhart | |
| STREET ADDRESS | 1935 S. CONWAY ROAD, #P-3 | | STREET ADDRESS | 1935 S. Conway Rd A-2 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARTHUR, PHILIP | | NAME | Gordon F. Clarke | |
| STREET ADDRESS | 1935 S. CONWAY RD. K-5 | | STREET ADDRESS | 1935 S. Conway Rd C-2 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARNAHAN, NANCY A | | NAME | Richard Tartaglia | |
| STREET ADDRESS | 1935 S. CONWAY ROAD, #K-6 | | STREET ADDRESS | 1935 S. Conway Rd R-3 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | D/T | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPEHLING, JOHN | | NAME | | |
| STREET ADDRESS | 1935 S. CONWAY RD. H-5 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARSALL, MAURICE | | NAME | | |
| STREET ADDRESS | 1935 S CONWAY RD, A-1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | CITY-ST-ZIP | | |
| TITLE | D/P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, BETTY J | | NAME | | |
| STREET ADDRESS | 1935 S CONWAY RD, E-2 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | 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: <i>Betty J. Smith</i> | | Date BETTY J. SMITH - PRES - 2-24-04 | | Daytime Phone # 407-273-2092 | |
| Signature and typed or printed name of signing officer or director | | Date | | Daytime Phone # | |