

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 757056 (7)

1. Corporation Name
MAISON GROVE ASSOCIATION, INC.



Principal Place of Business DAVID K. TUCKER 3221 MARY STREET COCONUT GROVE FL 33133	Mailing Address PO BOX 331821 COCONUT GROVE FL 33233-1821
---	---

3. Date Incorporated or Qualified
03/09/1981

4. FEI Number 59-2358315	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

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
---	--

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**M.J.F REGISTERED AGENT CORP
153 SEVILLA AVENUE
CORAL GABLES FL 33134**

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
---------	---	----	---------	-------------

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUCKER, DAVID K	
STREET ADDRESS	3221 MARY STREET	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BURGE, THOMAS R	
STREET ADDRESS	3245 MARY STREET	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZELL, GREGORY T	
STREET ADDRESS	3231 MARY STREET	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THORENSEN, ERLING T	
STREET ADDRESS	3243 MARY STREET	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRINTIS, DAVID D	
STREET ADDRESS	3221 MARY STREET	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, MICHAEL J	
STREET ADDRESS	3221 MARY STREET	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR (ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR (ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREAS./DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THORENSEN, ERLING T	
4.3 STREET ADDRESS	3235 MARY ST	
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
5.1 TITLE	PRBS./DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SPRINTIS, DAVID	
5.3 STREET ADDRESS	3243 MARY ST.	
5.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
6.1 TITLE	V. PRBS./DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FREEMAN, MICHAEL J	
6.3 STREET ADDRESS	153- SEVILLA AVE.	
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

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.

SIGNATURE: *Erling T. Thorsen* TREASURER 4/29/98 (305) 447-8667

CR2E037 (10/97)