FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90005 021 ****61.25

DOCUMENT # 757056

1. Corporation Name

MAISON GROVE ASSOCIATION, INC.

Principal Place of Business	/ID K. TUCKER			
DAVID K. TUCKER				
3221 MARY STREET	•			
COCONUT GROVE FL 33133				

Mailing Address

PO BOX 331821

COCONUT GROVE FL 33233-1821

	•				•	-				
2. Principal Place of Business 2a. Mailing Address 2f 26					3. Date Incorporated or Qualifect 03/09/1981	<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number			Applied For		
27					59-2358315	• •		Not Applicable		
City & State City & State					5. Certificate of Status Desired			-		
Zip	Country Zip Country 25 29 30			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
	9. Name and Address of Current		* 1	,	10. Name and Address of New	Registered	Agent			
			81	Name						
MIE DECI	ICTTOTO ACENT CODO			ļ						
	ISTERED AGENT CORP		82	82 Street Address (P.O. Box Number is Not Acceptable)						
	LLA AVENUE		83	 						
CURAL G	ABLES FL 33134		"					•		
	,	<i>:</i>	84	City			85 Z	ip Code		
				<u> </u>	corporation submits this statement for the	FL	<u>- </u>			
agent. i a SIGNATURE	m familiar with, and accept the obligati	,								
12.	Signature, typed or printed name of registered agent		egistered Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OI	DATE SEICEDS AN	ID DIDEC	TOPS IN 12		
	OFFICERS ANI	D DELETE			ADDITIONS/CHANGES TO O	-FICERS AI	Chang			
TITLE	D D		1.1 TITLE				Criang	jeAddido		
NAME	TUCKER, DAVID K		1.2 NAME		•					
STREET ADDRESS	3221 MARY STREET	•		TADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33133	DELETE	1.4 CITY-5	T-ZIP	•		Chang	ge 🗀 Additio		
TITLE	D BUDGE THOMAS D	□ DELETE	2.1 TITLE				Chang	le 🗀 vagino		
NAME	BURGE, THOMAS R		2.2 NAME	- 1	•					
STREET ADDRESS	3245 MARY STREET		2.3 STREE	T ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33133		2. 4 CITY-	ST-ZIP				~		
TITLE	<u>S</u>	☐ DELETE	3.1 TITLE			•	Chang	ge		
NAME	ZELL, GREGORY T		3.2 NAME		•					
STREET ADDRESS	3231 MARY STREET		3.3 STREE	TADDRESS		•				
CITY-ST-ZIP	CORAL GABLES FL 33133		3.4. CITY-	ST-ZIP						
TITLE	TD	☐ DELETE	4.1 TITLE				Chang	ge 🔲 Additio		
NAME ,	THORENSEN, ERLING T		4. 2 NAME							
STREET ADORESS	3235 MARY ST			TADDRESS						
CITY-ST-ZIP	COCONUT GROVE FL 33133		4.4 CITY-S	T-ZIP	·					
TITLE	PD CONTROL DAVID D	☐ DELETE	5.1 TITLE				Chang	ge 🔲 Additio		
NAME	SPRINTIS, DAVID D		5.2 NAME	- ADBDEOG	•	•	•			
STREET ADDRESS	3243 MARY ST			TADORESS	•		•			
CITY-ST-ZIP	COCONUT GROVE FL 33133		5.4 CITY-S	ST-ZIP	A	<u></u>				
TITLE	VPD	☐ DELETE	6.1 TITLE	ŀ		•	Chang	ge		
NAME	FREEMAN, MICHAEL J		6.2 NAME		•					
STREET ADDRESS	i 153 Sevilla ave	•	6.3 STREE	TADDRESS						

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 truestee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapted, open an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CORAL GABLES FL 33134

CITY-ST-ZIP