## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N50268

MARU CONDOMINIUM ASSOCIATION, INC.

## Apr 01, 1999 8:00 am secretary of State

04-01-1999 90089 025 \*\*\*\*40.83 04-01-1999 90089 026 \*\*\*\*20.42

D / / Di		Mailing Address			
Principal Place of Business Mailing Address				( 1881) (181   181   181   181   181   181   181   181   181   181   181   181   181   181   181   181   181	Armie Ardin Aldin Statt Bibli 1881
20600 N.E. 20TH PLACE  N. MIAMI BEACH FL 33179  N. MIAMI BEACH FL 33179					
II. MIRMI DENGTI LE SSI 75				\$   <b>                                   </b>	0 6   6 8   0 6   0 0   0 6    00
(					•
Principal Place of Business     2a. Mailing Address				Date Incorporated or Qualifed	
21	•	26		08/05/1992	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & Stat	9	City & State		5. Certificate of Status Desired	\$8.75 Additional
23	•	28		3. Certificate of Status Desired	Fee Required
Zip	Country	Zip C	ountry	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name		
MCKIBBIN	L DAVID A		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MCKIBBIN, DAVID A.			62 Street Addre	988 (P.O. BOX   Mailiber is Not Acceptable)	
1111 LINCOLN ROAD			83		
SUITE 500					
MIAMI BEACH FL 33139			84 City	F	85 Zip Code
11 - Dumunum	to the americans of Sections 617 050	2 and 617 1508 Florida Statutes the	above-named como		
office or r	egistered agent, or both, in the State	of Florida. Such change was authorize	ed by the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 617.0503, Florida St	atutes.		
SIGNATURE		ANOTE: Beside	red Agent signature required	when reinstation) DATE	
12.	Signature, typed or printed name of registered ager		3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TILE	PD	ID BIITEO I CITO	TITLE		☐ Change ☐ Addition
	REITER, KAREN		2 NAME		
NAME	20600 NE 20TH PLACE		S STREET ADDRESS		í
STREET ADDRESS			I		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VD		ITITLE		Denonge Diseases
NAME	MCKIBBIN, DAVID A.		NAME .		
STREET ADDRESS	1111 LINCOLN ROAD #500	2.3	STREET ADDRESS		
CITY-ST-ZIP .	MIAMI.BEACH.FL.		4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	STD	☐ DELETE 3.1	1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, NICHOLAS M.	3.2	2 NAME		
STREET ADDRESS	1111 LINCOLN ROAD #500	3.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	3.4	4. CITY-ST-ZIP		
TITLE			1 TITLE		Change Addition
NAME	, , , , , , , , , , , , , , , , , , , ,	4.	2 NAME		
STREET ADDRESS	·	4.3	STREET ADDRESS		
CITY-ST-ZIP	-		CITY-ST-ZIP		
TITLE			1 TITLE		☐ Change ☐ Addition
			2 NAME	•	
NAME	<u> </u>		3 STREET ADDRESS		
STREET ADDRESS		5.	CONTRACT PRODUCTION		· ·

CITY-ST-ZIP 14. Thereby 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 acceiver of 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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

305-932-5220

Change

■ Addition