

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N50268 1. Entity Name MARU CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 1720 NE 198TH TERR MIAMI, FL 33179	Mailing Address 1720 NE 198TH TERR MIAMI, FL 33179
--	--

DO NOT WRITE IN THIS SPACE



02262005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REITER, KAREN 1720 NE 198TH TERR MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

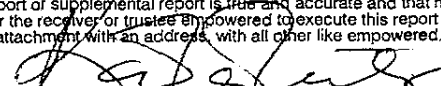
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REITER, KAREN 20600 NE 20TH PLACE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCKIBBIN, DAVID A. 1111 LINCOLN ROAD #500 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DANIELS, NICHOLAS M. 1111 LINCOLN ROAD #500 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000250138
03/03/05-80032-004 61.25

DO NOT WRITE IN THIS SPACE

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:  **2-26-05** **305-9325220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #