MARU CONDOMINIUM ASSOCIATION, [illegible]

FILED
~~Feb 21, 2007 08:00 AM~~
Secretary of State

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

02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000642425
03/01/07-80043-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 2/14/07 305-932-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #