

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N50688

1. Entity Name
MAYA AMERICAN COMMUNITY COUNCIL, INC.



Principal Place of Business
**18820 SW 355 TERRACE
FLORIDA CITY, FL 33034 US**

Mailing Address
**18820 SW 355 TERRACE
FLORIDA CITY, FL 33034 US**



DO NOT WRITE IN THIS SPACE

04192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0358747

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, JACK T
18820 SW 355 TERRACE
FLORIDA CITY, FL 33034**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LEONARD, JACK T
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL
TITLE	VSD
NAME	AJUCUM, GERMAN
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	GASPAR, SANTIAGO
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549989
05/13/06-80043-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Leonard
4/27/06 305-248-4024
Date Daytime Phone #