

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706809

Entity Name: LAKE MAYAN APARTMENTS INC**Current Principal Place of Business:**1850 SOUTH OCEAN DRIVE
FT. LAUDERDALE, FL 33316**Current Mailing Address:**1850 SOUTH OCEAN DRIVE
FT. LAUDERDALE, FL 33316**FEI Number:** 59-1058208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIPPAY, CATHERINE W
633 SOUTHEAST THIRD AVENUE
FT LAUDERDALE, FL 33301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BLANCHETTE, BRIAN J
Address	1850 S.OCEAN DRIVE
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	DIRECTOR
Name	MCDONALD, THOMAS
Address	1805 S OCEAN DR
City-State-Zip:	FT LAUDERDALE FL 33316

Title	SECRETARY
Name	REED, CONNIE
Address	1850 SO OCEAN DR
City-State-Zip:	FT LAUDERDALE FL 33316

Title	DIRECTOR
Name	RYAN, THOMAS N
Address	1850 S. OCEAN DRIVE
City-State-Zip:	FT LAUDERDALE FL 33316

Title	VP
Name	RICHARD, CLAUDE
Address	1850 S OCEAN DR
City-State-Zip:	FT LAUDERDALE FL 33316

Title	TREASURER
Name	MAKEY, CHARLES JR.
Address	1850 SOUTH OCEAN DRIVE
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	DIRECTOR
Name	RILEY, SARA
Address	1850 SOUTH OCEAN DRIVE
City-State-Zip:	FT. LAUDERDALE FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE. REED**SECRETARY****04/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date