

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716414

Entity Name: MAYAN TOWERS CONDOMINIUM I, INC.**Current Principal Place of Business:**125 SOUTH OCEAN AVENUE
OFFICE
PALM BEACH SHORES, FL 33404**Current Mailing Address:**125 SOUTH OCEAN AVENUE
OFFICE
PALM BEACH SHORES, FL 33404 US**FEI Number:** 59-1300774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAFT, DAVID W
3418 POINSETTIA AVENUE
WEST PALM BEACH, FL 33407 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 VP
Name D'AGOSTINO, PETER
Address 125 SOUTH OCEAN AVENUE
501
City-State-Zip: PALM BEACH SHORES FL 33404

Title SECRETARY
Name KOUTZEN, MYRA
Address 125 SOUTH OCEAN AVENUE
802
City-State-Zip: PALM BEACH SHORES FL 33404

Title DIRECTOR
Name CANDELARIO, CATHY
Address 125 SOUTH OCEAN AVENUE
#103
City-State-Zip: PALM BEACH SHORES FL 33404

Title DIRECTOR
Name BEAUDETTE, LOU
Address 125 SOUTH OCEAN AVENUE
710
City-State-Zip: PALM BEACH SHORES FL 33404

Title DIRECTOR
Name MCGAHRAN, KATHLEEN
Address 125 SOUTH OCEAN AVENUE
#802
City-State-Zip: PALM BEACH SHORES FL 33404

Title PRESIDENT
Name GILGALLON, EDWARD
Address 125 SOUTH OCEAN AVENUE
#606
City-State-Zip: PALM BEACH SHORES FL 33404

Title TREASURER
Name MCWILLIAMS, CECILIA
Address 125 SOUTH OCEAN AVENUE
605
City-State-Zip: PALM BEACH SHORES FL 33404

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: EDWARD GILGALLON

PRESIDENT

03/09/2017

Electronic Signature of Signing Officer/Director Detail_____
Date