

2013 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
PALM BEACH SHORES, FL 33404**Current Mailing Address:**125 SOUTH OCEAN AVENUE
PALM BEACH SHORES, FL 33404**FEI Number:** 59-1300774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAFT, DAVID W
3418 POINSETTIA AVE
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	PD
Name	D'AGOSTINO, PETER
Address	125 SOUTH OCEAN AVENUE #501
City-State-Zip:	PALM BEACH SHORES FL 33404

Title	S
Name	WHALEN, CAROL
Address	125 SOUTH OCEAN AVENUE #703
City-State-Zip:	PALM BEACH SHORES FL 33404

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

Title	D
Name	HAHN, ALICE
Address	125 SOUTH OCEAN AVENUE #303
City-State-Zip:	PALM BEACH SHORES FL 33404

Title	T
Name	KOUTZEN, MYRA
Address	125 SOUTH OCEAN AVENUE #810
City-State-Zip:	PALM BEACH SHORES FL 33404

Title	DIRECTOR
Name	COSGORVE, WILLAIM
Address	125 SOUTH OCEAN AVENUE #210
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: PETER D'AGOSTINO**PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date