

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716414

**FILED**  
**Feb 15, 2016**  
**Secretary of State**  
**CC6109430508**

**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:** Yes

**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 DIRECTOR  
Name MCGAHRAN, KATHLEEN  
Address 125 SOUTH OCEAN AVENUE  
#802  
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 PRESIDENT  
Name GILGALLON, EDWARD  
Address 125 SOUTH OCEAN AVENUE  
#606  
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 TREASURER  
Name MCWILLIAMS, CECILIA  
Address 125 SOUTH OCEAN AVENUE  
605  
City-State-Zip: PALM BEACH SHORES FL 33404

Title DIRECTOR  
Name GARDNER, BRETT  
Address 125 SOUTH OCEAN AVENUE  
801  
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:** GILGALLON , EDWARD

**PRES**

**02/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date