

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **706809** (1)  
1. Corporation Name  
**LAKE MAYAN APARTMENTS INC**



Principal Place of Business: **1850 SOUTH OCEAN DRIVE FT. LAUDERDALE FL 33316**  
Mailing Address: **1850 SOUTH OCEAN DRIVE FT. LAUDERDALE FL 33316**

3. Date incorporated or Qualified: **02/07/1964**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-1058208** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**SHUGART, BARBARA A  
1850 S. OCEAN DRIVE  
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barbara A. Shugart CAM Manager Barbara A. Shugart Mgr. DATE: 4-12-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALLEN, HENRY	
STREET ADDRESS	1850 SO OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLIZANO, LORETTA	
STREET ADDRESS	1850 SO OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> XX
NAME	HOWLEY, CHRISTOPHER	
STREET ADDRESS	1850 SO OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARSLANIAN, PETER	
STREET ADDRESS	1850 SO OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> XX
NAME	MOORE, ROBERT	
STREET ADDRESS	1850 SO OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert Kirk	
1.3 STREET ADDRESS	1850 S. Ocean Dr.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Taft	
2.3 STREET ADDRESS	1850 S. Ocean Dr.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas Stapleton	
3.3 STREET ADDRESS	1850 S. Ocean Dr.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Margaret Dwyer	
4.3 STREET ADDRESS	1850 S. Ocean Dr.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loretta Polizano Sec.-Treas. 4/12/96 954-522-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)