

FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



**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 33316-3762**

3. Date Incorporated or Qualified: **02/07/1964**
3a. Date of Last Report: **04/17/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHUGART, BARBARA A 1850 S. OCEAN DRIVE FT LAUDERDALE FL 33316				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: **Shugart, Barbara CAM**
(NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCALLEN, HENRY			1.2 NAME	Majcher, John		
STREET ADDRESS	1850 SO OCEAN DR			1.3 STREET ADDRESS	1850 S. Ocean Dr.		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POLIZANO, LORETTA			2.2 NAME	Dewar, Garry		
STREET ADDRESS	1850 SO OCEAN DR			2.3 STREET ADDRESS	1850 S. Ocean DR.		
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
TITLE	DX D	change <input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STAPLETON, THOMAS			3.2 NAME	Small, Joseph		
STREET ADDRESS	1850 SO OCEAN DR			3.3 STREET ADDRESS	1850 S. Ocean DR.		
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARSLANIAN, PETER			4.2 NAME	Hutter, Richard		
STREET ADDRESS	1850 SO OCEAN DR			4.3 STREET ADDRESS	1850 S. Ocean Dr.		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DWYER MARGARET			5.2 NAME	Taft, Don		
STREET ADDRESS	1850 S OCEAN DR			5.3 STREET ADDRESS	1850 S. Ocean Dr.		
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP	Ft. Lauderdale		
TITLE	XXX P	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRK, ALBERT			6.2 NAME			
STREET ADDRESS	1850 S OCEAN DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Kirk, Albert** *Signature Required* **A. L. Kirk** **3-24-97** **954-522-4412**
Date: _____ Daytime Phone #: **0036483**

CR2E037 (9/96)