2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706809

FILED Jun 29, 2009 Secretary of State

Entity Name: LAKE MAYAN APARTMENTS INC

Current Principal Place of Business: New Principal Place of Business: 1850 SOUTH OCEAN DRIVE FT. LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1850 SOUTH OCEAN DRIVE FT. LAUDERDALE, FL 33316 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHUGART, BARBARA A 1850 S. OCEAN DRIVE FT LAUDERDALE, FL 33316 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RYAN, THOMAS RYAN, THOMAS Name: Name: 1850 S.OCEAN DRIVE Address: 1850 S.OCEAN DRIVE Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL Title: Title: () Delete () Change () Addition MCDONALD, THOMAS Name: Name: Address: 1805 S OCEAN DR Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition REED, CONNIE Name: Name: 1850 SO OCEAN DR Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MAKEY, CHARLES Name: MAKEY, CHARLES Name: Address: 1850 S. OCEAN DRIVE Address: 1850 S. OCEAN DRIVE City-St-Zip: FT LAUDERDALE, FL City-St-Zip: FT LAUDERDALE, FL Title: () Delete Title: () Change () Addition KIRK, BARBARA Name: Name: 1850 S OCEAN DR Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition JOHN, MAJCHER Name: Name: Address: Address: 1850 S OCEAN DRIVE FT. LAUDERDALE, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS RYAN P 06/29/2009