

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 # 709649 (8)
1. Corporation Name
MAYA (MARCA) CONDOMINIUM APARTMENTS, INC.



Principal Place of Business: **3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316**
Mailing Address: **3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **09/24/1965**
3a. Date of Last Report: **01/27/1995**

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1142312 | <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 28 | 29 |
| Zip | Country | 24 | 25 |
| 23 | 28 | 29 | 30 |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLIAKOFF, GARY A.
BECKER & POLIAKOFF, PA.
3111 STIRLING RD.
FORT LAUDERDALE FL 33312**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITILE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PESCOD, EDNA | 1.2 NAME | |
| STREET ADDRESS | 3000 HOLIDAY DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITILE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAHANEY, R. DAN | 2.2 NAME | D |
| STREET ADDRESS | 3000 HOLIDAY DR | 2.3 STREET ADDRESS | HELMUS, PATRICIA |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | 3000 HOLIDAY DR. #502 FT. LAUDERDALE, FL 33316 |
| TITILE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAGAN, GEORGE A. | 3.2 NAME | HAGAN, GEORGE A. |
| STREET ADDRESS | 3000 HOLIDAY DR, #1405 | 3.3 STREET ADDRESS | 3000 HOLIDAY DR. #1404 |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | 3.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |
| TITILE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MISEK, DONALD | 4.2 NAME | STEFFEL, BERNARD |
| STREET ADDRESS | 3000 HOLIDAY DR #1003 | 4.3 STREET ADDRESS | 3000 HOLIDAY DR. #1701 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | 4.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |
| TITILE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LORENC, ELEANOR | 5.2 NAME | S |
| STREET ADDRESS | 3000 HOLIDAY DR #1803 | 5.3 STREET ADDRESS | LORENC, ELEANOR |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | 5.4 CITY-ST-ZIP | 3000 HOLIDAY DR. #1803 FT. LAUDERDALE, FL 33316 |
| TITILE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOSS, HOWARD R. | 6.2 NAME | D |
| STREET ADDRESS | 3000 HOLIDAY DR #1206 | 6.3 STREET ADDRESS | MUELLER, RICHARD |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | 6.4 CITY-ST-ZIP | 3000 HOLIDAY DR. #904 FT. LAUDERDALE, FL 33316 |

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E037 (12/95)