


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33316-2439
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3. Date Incorporated or Qualified 09/24/1965	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1142312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
POLIAKOFF, GARY A.  
BECKER & POLIAKOFF, PA.  
3111 STIRLING RD.  
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITILE	T	<input checked="" type="checkbox"/> DELETE
NAME	PESCOD, EDNA	
STREET ADDRESS	3000 HOLIDAY DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	HELMUS, PATRICIA	
STREET ADDRESS	3000 HOLIDAY DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITILE	S	<input type="checkbox"/> DELETE
NAME	HAGAN, GEORGE A.	
STREET ADDRESS	3000 HOLIDAY DR, #1405	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITILE	V	<input type="checkbox"/> DELETE
NAME	STEFFEL, BERNARD	
STREET ADDRESS	3000 HOLIDAY DR #1003	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	LORENC, ELEANOR	
STREET ADDRESS	3000 HOLIDAY DR #1803	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITILE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, RICHARD	
STREET ADDRESS	3	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOHRMAN, FRED	
1.3 STREET ADDRESS	3000 HOLIDAY DRIVE #1202	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAGAN, GEORGE A.	
3.3 STREET ADDRESS	3000 HOLIDAY DR. #1405	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FT. 33316	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LORENC, ELEANOR V.	
5.3 STREET ADDRESS	3000 HOLIDAY DRIVE #1803	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
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 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: ELEANOR V. LORENC, BEI. *Eleanor V. Lorenc* 3/14/97 (office #) (954) 524-8497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 00865

CR2E037 (9/96)