

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316</b>	Mailing Address <b>3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316</b>
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3. Date Incorporated or Qualified <b>09/24/1965</b>	
4. FEI Number <b>59-1142312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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

T <input type="checkbox"/> DELETE NAME: <b>BOHRMAN, FRED</b> STREET ADDRESS: <b>3000 HOLIDAY DR #1202</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>
D <input type="checkbox"/> DELETE NAME: <b>HELMUS, PATRICIA</b> STREET ADDRESS: <b>3000 HOLIDAY DR</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>
P <input checked="" type="checkbox"/> DELETE NAME: <b>HAGAN, GEORGE A.</b> STREET ADDRESS: <b>3000 HOLIDAY DR, #1405</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>
V <input checked="" type="checkbox"/> DELETE NAME: <b>STEFFEL, BERNARD</b> STREET ADDRESS: <b>3000 HOLIDAY DR #1003</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL</b>
S <input checked="" type="checkbox"/> DELETE NAME: <b>LORENC, ELEANOR V</b> STREET ADDRESS: <b>3000 HOLIDAY DR #1803</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>
D <input type="checkbox"/> DELETE NAME: <b>MUELLER, RICHARD</b> STREET ADDRESS: <b>3</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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**-03/31/98--01022--016**  
**\*\*\*61.25**

*Charles Porter*  
**3000 Holiday Dr # 302-3**  
**Ft. Lauderdale, FL 33316**

*Bernard Steffel*  
**3000 Holiday Dr 1701**  
**Ft Lauderdale, FL 33316**

*Secretary*  
**JANEVVE HAGAN**  
**3000 Holiday Dr. #1405**  
**Ft Lauderdale, FL 33316**

*Richard Mueller*  
**3000 Holiday Dr # 1105**  
**Ft Lauderdale, FL 33316**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Bernard G. Steffel* 2-18-97 ASK 5216847

CR2E037 (10/97)