
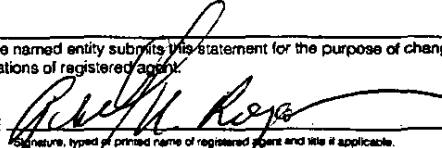



**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90315 037 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 709649</b>			
1. Entity Name <b>MAYA (MARCA) CONDOMINIUM APARTMENTS, INC.</b>			
Principal Place of Business <b>3000 HOLIDAY DRIVE FT LAUDERDALE, FL 33316</b>		Mailing Address <b>3000 HOLIDAY DRIVE FT LAUDERDALE, FL 33316</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number <b>59-1142312</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>POLIAKOFF, GARY A. BECKER &amp; POLIAKOFF, PA. 3111 STIRLING RD. FORT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>RANDALL K. ROGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53RD ST. SUITE 300</b> <b>Boca RATON</b> City FL Zip Code <b>33487</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Randall K. Roger, Pres.</b> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>CARTER, DANIEL J</b> <b>3000 HOLIDAY DR, #1802</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>P</b> <b>MARKUS, ROBERT</b> <b>3000 HOLIDAY DR. #1102</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>T</b> <b>CASTELLANO, STEPHEN</b> <b>3000 HOLIDAY DR, #401</b> <b>FT LAUDERDALE, FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>T</b> <input checked="" type="checkbox"/> <b>KEN GAROFALO</b> <b>3000 HOLIDAY DR #1005</b> <b>FT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S</b> <b>LYLE, DARREN</b> <b>3000 HOLIDAY DR #1504</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>GRANT, KENNETH</b> <b>3000 HOLIDAY DR, #405</b> <b>FT LAUDERDALE, FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>KAREN DUGLIANO</b> <b>3000 HOLIDAY DR, #503</b> <b>FT. LAUDERDALE, FL 33316</b> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>LONERGAN, KELLY</b> <b>3000 HOLIDAY DRIVE</b> <b>FT LAUDERDALE, FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>CHARLES PORTER</b> <b>3000 HOLIDAY DR. #302</b> <b>FT. LAUDERDALE, FL 33316</b> <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		<b>4-15-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>		<small>Daytime Phone #</small>	

66420590



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