


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90081 027 \*\*\*\*61.25

<b>DOCUMENT # 709649</b>			
1. Entity Name MAYA (MARCA) CONDOMINIUM APARTMENTS, INC.			
Principal Place of Business 3000 HOLIDAY DRIVE FT LAUDERDALE, FL 33316		Mailing Address 7100 W. COMMERCIAL BLVD, SUITE #107 LAUDERHILL, FL 33319	
2. Principal Place of Business		3. Mailing Address <i>Ambassador Community Mgmt</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>107</i>	
City & State		City & State <i>Lauderhill Fl.</i>	
Zip	Country	Zip <i>33319</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGER, RANDALL K 621 NW 53RD ST. STE. 300 BOCA RATON, FL 33487		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D CARTER, DANIEL J 3000 HOLIDAY DR, #1802 FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Broutin, Jeannette 3000 Holiday DR # 1801 FT. Lauderdale, FL. 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKUS, ROBERT 3000 HOLIDAY DR. #1102 FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Van Rees, Mark 3000 Holiday DR # 1506 FT. Lauderdale, FL. 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAROFALO, KEN 3000 HOLIDAY DR., #1005 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Garofalo, Ken 3000 Holiday DR. # 1005 FT. Lauderdale, FL. 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYLE, DARREN 3000 HOLIDAY DR #1504 FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Larson, Linda 3000 Holiday DR. # 305 FT. Lauderdale, FL. 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUGLIANO, KAREN 3000 HOLIDAY DR., #503 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Pugliano, Karen 3000 Holiday DR # 503 FT. Lauderdale, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CHARLES 3000 HOLIDAY DR., #302 FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fresch, Eric 3000 Holiday DR # 405 FT. Lauderdale, FL. 33316 <input type="checkbox"/> Change <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)(i), 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: <i>Jeannette Broutin President</i> JEANNETTE BROUTIN <i>4/4/05 974-524-8497</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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4. FEI Number 59-1142312 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required