

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 008 ****61.25

DOCUMENT # 709649

1. Entity Name
MAYA (MARCA) CONDOMINIUM APARTMENTS, INC.



Principal Place of Business
**3000 HOLIDAY DRIVE
FT LAUDERDALE, FL 33316**

Mailing Address
**AMBASSADOR COMMUNITY MGMT.
107
LAUDERHILL, FL 33319**

50006219



2. Principal Place of Business

3. Mailing Address

01182006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1142312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BROUTIN, JEANNETTE**
STREET ADDRESS **3000 HOLIDAY DR # 1801**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **VPD** ☐ Delete
NAME **VAN REES, MARK**
STREET ADDRESS **3000 HOLIDAY DR # 1506**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **PD** ☒ Delete
NAME **GAROFALO, KEN**
STREET ADDRESS **3000 HOLIDAY DR., #1005**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **SD** ☐ Delete
NAME **LARSON, LINDA**
STREET ADDRESS **3000 HOLIDAY DR. #305**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **PD** ☒ Delete
NAME **PUGILANO, KAREN**
STREET ADDRESS **3000 HOLIDAY DR., #503**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **TD** ☒ Delete
NAME **FRESCH, ERIC**
STREET ADDRESS **3000 HOLIDAY DR #405**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST. SD** ☐ Change ☒ Addition
NAME **McGinty, Anna Maria**
STREET ADDRESS **3000 Holiday Dr. #506**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **Havens, Arnie**
STREET ADDRESS **3000 Holiday Dr. #1705**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **Benjamin, Renee**
STREET ADDRESS **3000 Holiday Dr. #405**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **TD** ☐ Change ☒ Addition
NAME **Miller, Robert**
STREET ADDRESS **3000 Holiday Dr. #301**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeannette M. Broutin **JEANNETTE BROUTIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

3/21/06

Date

954-524-3356

Daytime Phone #