

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90061 047 ****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**

40037140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
7100 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 107

City & State

City & State

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1142312

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Lyle, Darren
3000 Holiday Dr. # 1706
Ft. Lauderdale, FL 33316** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
MCGINTY, ANNA M
3000 HOLIDAY DR, # 506
FORT LAUDERDALE, FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Urban, Louis
3000 Holiday Dr. # 306
Ft. Lauderdale, FL 33316** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENJAMIN, RENEE
300 HOLIDAY DR, # 405
FORT LAUDERDALE, FL 33316** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MILLER, ROBERT
3000 HOLIDAY DR, # 301
FORT LAUDERDALE, FL 33316** ☐ Delete

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

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, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2007
Date

Daytime Phone #