## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT # 716328** 

(0)

<ol> <li>Corporation</li> </ol>	n Name	• •			j		
THE MARACAY ASSOCIATION, INC.							
Display Dispared Puringer						B	
Principal Place of Business Mailing Address							
3301 NE 32ND AVE FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306							
					3. Date Incorporated or Qualified 04/07/1969	3a. Date of Last Report 02/13/1995	
2. Principal Place of Business		2a. Mailing Address	<b>⊢</b> •		4. FEI Number 59-1284429	Applied For	
Suite, Apt. #, etc.		26 Suite Act # ste	Suite, Apt. #, etc.		39 1204428	Not Applicable	
22		27	— <u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	· • • • • • • • • • • • • • • • • • • •		Trust Fund Contribution	Added to Fees	
Zip	Country	¬			8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   30   9. Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	•		81	Name	10: 110:10		
HAWK, L	OIS		82	Stroot A	ddress (P.O. Box Number is Not Acceptable	۵۱	
3301 N.E	. 32ND AVENUE		62	Street A	duress (F.O. DOX Number is Not Acceptable	5)	
FT. LAUC	DERDALE FL 33308		83				
			84	City		85 Zip Code	
dd D	1. dia	7.0500 1.01.7.4500				FL   `	
or register	ed agent, or both, in the State o	7.0502 and 617.1508, Florida Sti of Florida. Such change was auth f, Section 617.0503, Florida Stati	norized by the corp	named cor oration's b	poration submits this statement for the purp locard of directors. I hereby accept the appo	ose of changing its registered office intment as registered agent. I am	
SIGNATURE							
12.			(NOTE Registered Ager	nt signature rec	avired when reinstating)  ADDITIONS/CHANGES TO OFFIG	DATE CERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		PD .	Change Addition	
NAME	SNYDER, RUTH J.	₩	1.2 NAME		michael Dient	2.4	
STREET ADDRESS			1.3 STREET	ADDRESS	Micheel Richte 3301 N.E. 32 M.A. FT. LIAUDERPALE,	V.A	
CITY-ST-ZIP			1.4 CITY- S	T-ZIP	FT. L:AUDERDALE	FL	
TITLE	<del>-</del>		2.1 TITLE			☐ Change ☐ Addition	
NAME	WHITE, CONNIE, MR.		2.2 NAME				
STREET ADORESS	ET LANDEDDALE EL		2 3 STREET	1			
CITY-ST-ZIP TITLE	76		2 4 CITY - S 3 1 TITLE	ST-ZIP		Change Addition	
NAME	BELLIZZI EDANOSO		32 NAME	- 1			
STREET ADDRESS	3301 NE 32ND AVE 333		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C(TY-5	ST-ZIP			
TITLE		DELETE	41 TITLE			☐ Change ☐ Addition	
NAME			4 2 NAME				
STREET ADORESS			4 3 STREET				
CITY-ST-ZIP TITLE		DELETE	44 CITY-S 51 TITLE	iT - ZiP		☐ Change ☐ Addition	
NAME			51 HILE 52 NAME			☐ outside ☐ vacing)	
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CiTY-S	1			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CHTY-ST-ZIP			6.4 CiTY-S			700(1) 5(1) (1) (1)	
certify that oath; that	the information indicated on this I am an officer or director of the	is annual report or supplemental corporation or the receiver or true	annual report is tru ustee empowered t	ie and acc	fy for the exemption stated in Section 119.0 curate and that my signature shall have the s this report as required by Chapter 617, Flo	ame legal effect as if made under	
appears in	i biock 12 or Block 13 if <b>¢</b> han <b>g</b> e	d, or on an attachment with an a	audress.			i	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF