FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 26 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # 71632	8 (0)				
THE MARACAY ASSOCIATION, INC.						
Principal Place of Business Mailing Address					T COUNT HOUSE JIEU BILLO TILLO TILLO TILLO TILLO TILLO TILLO BILLO	
3301 NE 32ND AVE 33308 FT LAUDERDALE FL 35306 FT LAUDERDALE FL 35306					3. Date Incorporated or Qualified	
						04/07/1969
						4. FEI Number Applied For
2. Principal Place of Business 28. Mailing Address						59-1284429 Not Applicable
21 28						5. Certificate of Status Desired S8.75 Additional Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
27			.			Trust Fund Contribution Added to Fees
City & State City & State						7. Is this nonprofit corporation a homeowners association? Yes No
Zip			Cou	Country		8. This corporation owes or has paid the current year Intangible
24	26	29	30			Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Registered Agent
******				81	Name	
HAWK, LOIS				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
3301 N.E. 32ND AVENUE FT. LAUDERDALE FL 33308				83	-	
11. Broderbrige 12 00000			- 1	84	City	85 Zip Code
					1 -	FL []
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	Iorida Stat	utes	3.	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NC	TE: Registered	i Age	ant algnature rec	quired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	V DELETE	1,1 111	LE		PD Change Addition
NAME			1.2 NA	ME	<u> </u>	DRU, GEORGE
STREET ADDRESS	****		1.3 ST	REET	ADDRESS 3	3301 NE 32 NO AVE
CITY-ST-ZIP	FT. LAUDERDALE FL				ST-ZIP F	T. LAUDERDALE, Fl. 33308
TITLE NAME	TD Bonner, regina m	☐ DETEIR	2.1 TIT		1	☐ Change ☐ Addition
	3301 N.E. 32ND AVE.		2.2 NA		ADDRESS	
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CI			
TITLE	SD SD	DE DELETE	3.1 TIT			S.D. Change Addition
NAME	GRU, GEORGE		3.2 NA	ME	چ ا	MAPPAK, VIOLA
STREET ADDRESS	3301 NE 32ND AVE 3330	8	3.3 ST	REET	ADDRESS 3	McPeak, VIOLA BBOINE 32 PAVE
CITY-ST-ZIP	FT LAUDERDALE FL 33306-	•	3.4. CI	TY-S	I	T. LAUD., FIA. 33308
TITLE		DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME			4.2 R/	ME	1	
STREET ADDRESS			4.3 STI	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-51	T-ZIP	
TITLE		DELETE	5.1 TiT			Change Addition
NAME	·		5.2 NA			
STREET ADDRESS			•		ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CIT	_	I-ZIP	☐ Change ☐ Addition
TITLE NAME			6.1 TIT 6.2 NA			
CTREET ANNUECC					ADDRESS	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: