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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90107 049 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716328**

1. Corporation Name

**THE MARACAY ASSOCIATION, INC.**

Principal Place of Business

3301 NE 32ND AVE  
FT LAUDERDALE FL 33308  
US

Mailing Address

3301 NE 32ND AVE  
FT LAUDERDALE FL 33308  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

04/07/1969

4. FEI Number

59-1284429

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HAWK, LOIS**  
**3301 N.E. 32ND AVENUE**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 registered office 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCPEAK, VIOLA	
STREET ADDRESS	3301 N.E. 32ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 32308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BONNER, REGINA M	
STREET ADDRESS	3301 N.E. 32ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	<del>SD</del> PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	GRU, GEORGE	
STREET ADDRESS	3301 NE 32ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SNYDER, RUTH J.	
1.3 STREET ADDRESS	3301 NE 32 AVE.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BONNER, REGINA M	
2.3 STREET ADDRESS	3301 NE 32 AVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, ANNA	
3.3 STREET ADDRESS	3301 NE 32 AVE	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*Regina M. Bonner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*REGINA M. BONNER*

*2/5/99* *563-3223*

Date

Daytime Phone #

CR2E037 (1/98)