2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# 723333

Entity Name: MAYNARD CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

3026 ALHAMBRA ST
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

C/O AMC PROPERTIES INC.
PO BOX 30578
FT LAUDERDALE, FL 33303 US

New Mailing Address:

FEI Number: 59-1464375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMME, MIKE
91 ISLE OF VENICE
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: VISNICK, ARNOLD
Address: 6001 FALLS CIRCLE DR.
City-St-Zip: LAUDERHILL, FL

Title: DP ( ) Delete
Name: GRIMME, MICHAEL
Address: 3026 ALHAMBRA ST
City-St-Zip: FT LAUDERDALE, FL

Title: SP ( ) Delete
Name: O'BEA, JUDY
Address: 1718 NE 26TH AVE
City-St-Zip: FT LAUDERDALE, FL 33305

Title: D ( ) Delete
Name: GRIMME, PAMELA
Address: 3026 ALHAMBRA ST
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GRIMME DP 02/26/2004

Electronic Signature of Signing Officer or Director — Date