

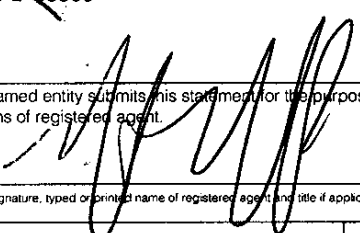



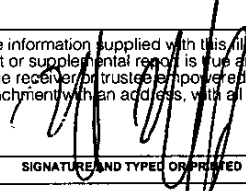


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90001 024 ****61.25

DOCUMENT # 723333 1. Entity Name MAYNARD CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 3026 ALHAMBRA ST FT. LAUDERDALE, FL 33304				Mailing Address P.O. BOX 590820 FORT LAUDERDALE, FL 33359 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 521 N. Ft. Lauderdale Beach Blvd Suite, Apt. #, etc.		40097277 	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 59-1464375	
Zip 33304		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMME MIKE 3705 W COMMERCIAL BLVD TAMARAC, FL 33309				7. Name and Address of New Registered Agent Name Aralon Wakefront Inc - Nitin Totwani Street Address (P.O. Box Number is Not Acceptable) 521 N Ft Lauderdale Beach Blvd City Ft Lauderdale FL 33304	
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  6/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$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	TD VISNICK, ARNOLD 6001 FALLS CIRCLE DR. LAUDERHILL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dave Totwani 521 N Ft Lauderdale Beach Blvd. Ft Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIMME, MICHAEL 3026 ALHAMBRA ST FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP VP O'BEA, JUDY 1718 NE 26TH AVE FT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Totwani, Nitin 521 N. Ft. Lauderdale Beach Blvd Ft. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMME, PAMELA 3026 ALHAMBRA ST FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIMME, MICHAEL 3026 ALHAMBRA ST FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:  6/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					