


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90377 012 \*\*\*\*61.25

<b>DOCUMENT # 723333</b>	
1. Entity Name <b>MAYNARD CONDOMINIUM ASSOCIATION, INC</b>	

Principal Place of Business <b>3026 ALHAMBRA ST FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>521 NORTH FT. LAUDERDALE BEACH BLVD FORT LAUDERDALE, FL 33304 US</b>
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**40086115**



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1464375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>TLOTWANI, NITIN 521 NORTH FT. LAUDERDALE BEACH BLVD FORT LAUDERDALE, FL 33304</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD VISNICK, ARNOLD 6001 FALLS CIRCLE DR. LAUDERHILL, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MOTWANI, DEV 521 NORTH FT. LAUDERDALE BEACH BLVD FORT LAUDERDALE, FL 33304</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP O'BEA, JUDY 1718 NE 26TH AVE FT LAUDERDALE, FL 33305</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MOTWANI, NITIN 521 NORTH FT. LAUDERDALE BEACH BLVD FORT LAUDERDALE, FL 33304</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **4/24/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #