

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723333

FILED  
Mar 04, 2009  
Secretary of State

**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:**

521 NORTH FT. LAUDERDALE BEACH BLVD  
FORT LAUDERDALE, FL 33304 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:**

TLOTWANI, NITIN  
521 NORTH FT. LAUDERDALE BEACH BLVD  
FORT LAUDERDALE, FL 33304 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: S ( ) Delete  
Name: MOTWANI, DEV  
Address: 521 NORTH FT. LAUDERDALE BEACH BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33304

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

Title: P ( ) Delete  
Name: MOTWANI, NITIN  
Address: 521 NORTH FT. LAUDERDALE BEACH BLVD  
City-St-Zip: FORT 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 exemption stated 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 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: DEV MOTWANI

S

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date