## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723333  1. Entity Name MAYNARD CONDOMINIUM ASSOCIATION, INC				FILED 103 JUN - <b>3</b> PH 12: 29				
Principal Place of Business 9026 ALHAMBRA ST FT. LAUDERDALE FL 33304		Mailing Address C/O AMC PROPERTIES INC. PO BOX 30578 FT LAUDERDALE FL 33303 US		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-	-1464375	—— <del>—</del> —	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registere	d Agent		
	A 411/F	Name	Name					
GRIMME, MIKE 91 ISLE OF VENICE FT. LAUDERDALE FL 33301			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	<del></del>	
SIGNATURE  Signature, typed of purited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing  \$5.00 May Be  Make Check Payable to								
10. OFFICERS AND DIR		Trust Fund Contribution.		Added to Fees  ADDITIONS/CHANGE	Florida Depa			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VISNICK, ARNOLD 6001 FALLS CIRCLE DR. LAUDERHILL FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1206874 -01083011	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIMME, MICHAEL 3026 ALHAMBRA ST FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP O'BEA, JUDY 1718 NE 26TH AVE FT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMME, PAMELA 3026 ALHAMBRA ST FT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

2. ! 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 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. If the empowered.

SIGNATURE:

REQUIRMICHALL J. GRIMME 0/8/03 S

72E037 (10/02