FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725984** **(9)**

1. Corporation Name

MAI KAI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1935 SOUTH CONWAY ROAD ORLANDO FL 32812	1935 SOUTH CONWAY ROAD ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1973
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1579078 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARKE, GORDON F
1935 S CONWAY ROAD
C-2
ORLANDO FL 32712

10. Name and Address of New Registered Agent

81 Name: John T. Carroll
82 Street Address (P.O. Box Number is Not Acceptable): 1935 S. Conway Rd., I-1
83
84 City: Orlando, Fl **FL** 85 Zip Code: 32812

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John T. Carroll, Pres. DATE: 3/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	D President ☒ Change ☐ Addition
NAME	JEKNAVORIAN, FRED	12 NAME	John T. Carroll
STREET ADDRESS	1935 S CONWAY RD R-6	13 STREET ADDRESS	1935 S. Conway Rd., I-1
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl 32812
TITLE	VP	21 TITLE	Vice President ☐ Change ☐ Addition
NAME	CARROLL, J. TERRY	22 NAME	Ruth Bernor
STREET ADDRESS	1935 S CONWAY RD., I-1	23 STREET ADDRESS	1935 S. Conway Rd., G-7
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl 32812
TITLE	S	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	DWYER, PHYLLIS	32 NAME	Phyllis Dwyer
STREET ADDRESS	1935 S CONWAY RD O-2	33 STREET ADDRESS	1935 S. Conway Rd., O-2
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl 32812
TITLE	AS	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	BERNOR, RUTH	42 NAME	Gordon Clarke
STREET ADDRESS	1935 S CONWAY RD., G-7	43 STREET ADDRESS	1935 S. Conway Rd., C-2
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, Fl 32812
TITLE	P	51 TITLE	Director ☒ Change ☐ Addition
NAME	CLARKE, GORDON	52 NAME	Frank Long
STREET ADDRESS	1935 S. CONWAY RD., C-2	53 STREET ADDRESS	1935 S. Conway Rd., R-5
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, Fl
TITLE	D	61 TITLE	Director ☒ Change ☐ Addition
NAME	BURKHART, JOYCE	62 NAME	Joyce Burkhart
STREET ADDRESS	1935 S CONWAY RD A-2	63 STREET ADDRESS	1935 S. Conway Rd., A-2
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Orlando, Fl 32812

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an alteration.

SIGNATURE: John T. Carroll JOHN T. CARROLL, PRES MARCH 24,1995 (407)273-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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