

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/03/1973	3a. Date of Last Report 04/04/1995
4. FEI Number 59-1579078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1935 S. Conway Rd.	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Orlando, FL	28 City & State
24 Zip 32812	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent

CARROLL, JOHN T.
1935 S CONWAY RD
I-1
ORLANDO FL 32812

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LONG, FRANK
STREET ADDRESS	1935 S CONWAY RD R-5
CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CARROLL, JOHN T
STREET ADDRESS	1935 S CONWAY RD., I-1
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DWYER, PHYLLIS
STREET ADDRESS	1935 S CONWAY RD 0-2
CITY-ST-ZIP	ORLANDO FL
TITLE	VP D <input type="checkbox"/> DELETE
NAME	BERNOR, RUTH
STREET ADDRESS	1935 S CONWAY RD., G-7
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CLARKE, GORDON
STREET ADDRESS	1935 S. CONWAY RD., C-2
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BURKHART, JOYCE
STREET ADDRESS	1935 S CONWAY RD A-2
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard J. Kirby
1.3 STREET ADDRESS	1425 S. Chickasaw Tr.
1.4 CITY-ST-ZIP	Orlando, FL 32825
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Saltzman, Michael L.
3.3 STREET ADDRESS	1935 S. Conway Rd., R-2
3.4 CITY-ST-ZIP	Orlando, FL 32812
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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, changed or on an attachment with an address.

SIGNATURE:

John T. Carroll, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John T. Carroll, President

March 29, 1996 407 273-2092

Date

Day/Time Phone #

CR2E037 (12/95)