

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90071 044 ****61.25

00034757



DO NOT WRITE IN THIS SPACE

DOCUMENT # 725984

1. Entity Name

MAI KAI CONDOMINIUM ASSOCIATION, INC.

| | |
|---|--|
| Principal Place of Business 1935 S CONWAY RD ORLANDO FL 32812 US | Mailing Address 1935 S. CONWAY RD. ORLANDO FL 32812-8683 US |
|---|--|

| | | | |
|--|---|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address: Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|---|---------|---------|

| | |
|---|--|
| 4. FEI Number 59-1579078 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GERTENBACH, JEAN A 1935 S CONWAY RD SUITE E-6 ORLANDO FL 32812 | 7. Name and Address of New Registered Agent Name: Carroll, John Terry Street Address (P.O. Box Number is Not Acceptable): 1935 S. Conway Rd. Unit I-1 City: Orlando, FL 32812 City: Orlando FL Zip Code: 32812 |
|---|---|

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.

SIGNATURE: **John T. Carroll, Pres.** DATE: **2/29/00**

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

| | | | |
|--|--|------------------------------------|--|
| FILE NOW: FEES IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---------------------------------------|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P GERTENBACH, JEAN 1935 S. CONWAY RD., E-6 ORLANDO FL <input checked="" type="checkbox"/> Delete | TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP | Carroll, John Terry 1935 S. Conway Rd. I-1 Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/AT RIGGS, RUBY P 1935 S CONWAY RD STE F-4 ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete | TITLE D/VP NAME STREET ADDRESS CITY-ST-ZIP | Arthur, Philip (Ted) 1935 S. Conway Rd. K-5 Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/AS HYDE, PATRICIA M 1935 S CONWAY RD STE B-1 ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete | TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP | NeSmith, Dorothy 1935 S. Conway Rd. I-2 Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T LENTZ, CHARLOTTE A 1935 S CONWAY RD STE P-3 ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete | TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP | Sperling, John 1935 S. Conway Rd. H-5 Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VP PEARSALL, MAURICE R 1935 S CONWAY RD, A-1 ORLANDO FL 32812 <input type="checkbox"/> Delete | TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Pearsall, Maurice R. 1935 S. Conway Rd., A-1 Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S SMITH, BETTY J 1935 S CONWAY RD, E-2 ORLANDO FL 32812 <input type="checkbox"/> Delete | TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Smith, Betty J. 1935 S. Conway Rd., E-2 Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
John T. Carroll, Pres.

CR2E037 (9/99)

20984

HHCBINKIT
00034757



The good life waits for you at

MAI KAI

CONDOMINIUMS

1935 S. CONWAY ROAD - ORLANDO, FLORIDA 32812 - (407) 273-2092

Line 11 -

D/AS

Smith, John E.
1935 S. Conway Rd. A-7
Orlando, FL 32812

X Addition