

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90236 011 ****61.25

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1579078

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, JOHN TERRY
 1935 S CONWAY RD
 UNIT I-1
 ORLANDO FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$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	D/P CARROLL, JOHN TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	1935 S. CONWAY RD. K-5	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	DVP ARTHUR, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS	1935 S. CONWAY RD. K-5	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	DS NESMITH, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1935 S. CONWAY RD. I-2.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	D/T SPERLING, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1935 S. CONWAY RD. H-5	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	D PEARSALL, MAURICE R	<input type="checkbox"/> Delete
STREET ADDRESS	1935 S CONWAY RD, A-1	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	D/S SMITH, BETTY J	<input type="checkbox"/> Delete
STREET ADDRESS	1935 S CONWAY RD, E-2	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE NAME	D GERTENBACH, JEAN A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1935 S. CONWAY RD., E-6	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

John T. Carroll, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN T. CARROLL, PRES.**

407 273-2092

Daytime Phone #

CRE037 (10/00)