

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90327 027 ****61.25

DOCUMENT # N08260 1. Entity Name MAI TAI MOBILE HOME ASSOCIATION, INC.					
Principal Place of Business 7417 MOLOKAI ST ORLANDO, FL 32822 US			Mailing Address 7417 MOLOKAI ST ORLANDO, FL 32822 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 34-6129037				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE JAY COLLING & ASSOCIATES, P.A. 500 N. MAITLAND AVE STE. 203 MAITLAND, FL 32751			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	VP	☐ Change ☐ Addition
NAME	D'AMBRUOSO, NICHOLAS D		NAME	Kenneth Ptak	ORLANDO
STREET ADDRESS	7341 MAI TAI DRIVE		STREET ADDRESS	7426 MOLOKAI ST	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
TITLE	VPD	☒ Delete	TITLE	SECRETARY	☐ Change ☐ Addition
NAME	HUDSON, RAYMOND		NAME	RAYMOND GRAY	ORLANDO
STREET ADDRESS	7465 MOLOKA		STREET ADDRESS	7432 MAITAI DR	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
TITLE	TMD	☒ Delete	TITLE	TREASURER	☐ Change ☐ Addition
NAME	GRIMALDI, GARY		NAME	MICHAEL BARONE	ORLANDO
STREET ADDRESS	7315 MAITAI DR		STREET ADDRESS	7335 POT CIRCLE	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
TITLE	SD	☒ Delete	TITLE	YOUTH DIRECTOR	☐ Change ☐ Addition
NAME	PENTZ, NELNARIE		NAME	George Mathis	ORLANDO
STREET ADDRESS	7317 MAI TAI DR		STREET ADDRESS	7324 KAHHA ST	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
TITLE	MALD	☒ Delete	TITLE	SOCIAL DIRECTOR	☐ Change ☐ Addition
NAME	DEANE, MILDRED		NAME	LEONA BROWN	ORLANDO
STREET ADDRESS	9310 KAHHA ST		STREET ADDRESS	7300 PAGO ST	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
TITLE	PD	☐ Delete	TITLE	Wesley BROWN (member)	☐ Change ☐ Addition
NAME	DAVID SERRANO		NAME	Wesley BROWN (member)	ORLANDO
STREET ADDRESS	7308 MAITAI DR		STREET ADDRESS	7300 PAGO ST	FL, 32822
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	FL, 32822	
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: DAVID SERRANO			Date: 4/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 407-353 0934		