

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N11800** (2)
1. Corporation Name
THE MAINE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
8818-0027 EAST BAY HARBOR DRIVE
BAY HARBOR FL 33154
% JOSEPH PARENT
18 IVY STREET
PORTLAND ME 04102

3. Date Incorporated or Qualified 10/30/1985
4. FEI Number NOT APPLICABLE
Applied For <input checked="" type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

MCINTOSH, JOHN
8825 EAST BAY HARBOUR
BAY HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 *Joseph Parent* DATE **3-27-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PDT PARENT, JOSEPH R.
STREET ADDRESS	18 IVY ST.
CITY-ST-ZIP	PORTLAND ME 04102
TITLE	<input type="checkbox"/> DELETE
NAME	VPSD MCINTOSH, JOHN
STREET ADDRESS	HARBOR ISLAND
CITY-ST-ZIP	BOOTHBAY HARBOR ME 04538
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DUNHAM, CLIFFORD
STREET ADDRESS	19 HILLCREST ROAD
CITY-ST-ZIP	WINDHAM ME 04082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elie Bardawil
1.3 STREET ADDRESS	9921 E. Bay Harbor Dr.
1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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 address.

SIGNATURE: *R. Joseph Parent* R. Joseph Parent President 3/27/98 207-772-2008
 Signature, typed or printed name of signing officer or director Date Daytime Phone # 0078708

CR2E037 (10/97)