2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91181 023 ****61.25

DOCUMENT # N11800

1. Entity Name
THE MAINE VILLAS CONDOMINIUM ASSOC. INC

Principal Place of Business / Mailing Address
9919-9927 EAST BAY HARBOR DR.
BAY HARBOR, FL. 33154

2. Principal Place of Business
c/o Joseph PARENT
Suite, Apt. #, etc.

3. Mailing Address
18 Ivy St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: PORTLAND, Me
Zip: 04102 Country: US

City & State
Zip Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHN MCINTOSH
9927 EAST BAY HARBOR DR
BAY HARBOR ISLAND, FL. 33154

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.

SIGNATURE: John McIntosh 5/15/01
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 PDT NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH R. PARENT SAME 18 IVY ST PORTLAND, Me 04102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPSD NAME STREET ADDRESS CITY-ST-ZIP	JOHN MCINTOSH SAME HARBOR ISLAND BOOTHBAY HARBOR, Me 04538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BARDAWIL, Elie SAME 9921 E. BAY HARBOR DR. BAY HARBOR ISLAND, FL. 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Joseph R Parent 5/15/01 207-772-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #