

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90080 022 \*\*\*\*61.25

<b>DOCUMENT # N11800</b> 1. Entity Name: <b>THE MAINE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% JOSEPH PARENT 18 IVY STREET PORTLAND, ME 04102</b>			Mailing Address <b>18 IVY STREET PORTLAND, ME 04102</b>		
2. Principal Place of Business <b>9919-9927 E. Bay Harbor Dr</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Bay Harbor Islands</b>			City & State <b>FLORIDA</b>		
Zip <b>33154</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCINTOSH, JOHN 9925 EAST BAY HARBOUR BAY HARBOUR, FL 33154</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>3600 Mystic Point Dr. Apt 101</b> City <b>ADVENTURA, FL</b> Zip Code <b>33180</b>		
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: <u><i>John McIntosh</i></u> <span style="float: right;">4/5/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDY PARENT, JOSEPH R. 18 IVY ST. PORTLAND, ME 04102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD MCINTOSH, JOHN HARBOR ISLAND BOOTHBAY HARBOR, ME 04538</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARDWL, ELIE 9921 E BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3600 Mystic Point Dr Apt. 101 (101) ADVENTURA, FL 33180</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19440 E. LAKE DR. Miami, FL. 33015</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME 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: <u><i>Joseph Parent</i></u> <span style="float: right;">4-5-04 207-772-2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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