

1042

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11800

1. Entity Name
THE MAINE VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUL 12 PM 1:17

Principal Place of Business
9919-9927 E. BAY HARBOR DR
BAY HARBOR ISLANDS, FL 33154 US

Mailing Address
18 IVY STREET
PORTLAND, ME 04102

03/26/07 90050 012 \$61.25



07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MCINTOSH, JOHN
3600 MYSTIC POINT DR.
APT 101
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	PARENT, JOSEPH R.
STREET ADDRESS	18 IVY ST.
CITY-ST-ZIP	PORTLAND, ME 04102
TITLE	VPSD
NAME	MCINTOSH, JOHN
STREET ADDRESS	3600 MYSTIC POINT DR APT. 101
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BARDAWIL, ELIE
STREET ADDRESS	19440 E. LAKE DR.
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	S
NAME	TELESCO, TOM
STREET ADDRESS	9927 E BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/07

Date

305-904-6297

Daytime Phone #

2 of 2

July 9, 2007

Mr. Gary Blankenbaker
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Not-For-Profit Corporation Annual Report Box #12 Signature

Dear Mr. Blankenbaker:

First and foremost, thank you for taking the time to speak to me on the matter of The Maine Villas Condominium Association's Annual Report (N 11800). As per our conversation, the Maine Villas did not receive the memorandum for notice of correction (from March 28, 2007) and at this time I am enclosing a reprinted copy of the report printed from the internet as instructed. Please find box number 12 signed and dated. If you can update the file to reflect this document with the payment already received it would be most appreciated.

Thank you ahead of time on this matter and if you need to contact me for any further follow up, please feel free to contact me at: 305-904-6297.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Bardawil'.

Elie Bardawil