

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N11800

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



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

Mailing Address
**18 IVY STREET
PORTLAND, ME 04102**



04092008 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 <input type="checkbox"/>	\$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 May 1, 2008**

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

U00000352352
05/04/08-80074-020 61.25

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

305/807/3002

Daytime Phone #