

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90069 024 ****61.25

DOCUMENT # N39326

1. Entity Name

M.A.I. FOUNDATION, INC.



Principal Place of Business

% MARIE LANDOLI
P.O. BOX 1792
BOCA RATON FL 33432

Mailing Address

% MARIE LANDOLI
1100 SPANISH RIVER RD.
BOCA RATON FL 33432

14005427



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0213698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, JANI E., ESQ.
500 NE SPANISH RIVER
SUITE 27
BOCA RATON FL 33431

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **LANDOLI, MARIE A.**
STREET ADDRESS **1100 SPANISH RIVER RD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **T** ☐ Delete
NAME **SHWIND, GEORGE**
STREET ADDRESS **CENTURION TOWER ST 1110 1601 FORUM PL**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DS** ☐ Delete
NAME **LAZER, MARIE**
STREET ADDRESS **7283 MANDARIAN DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Vicki Lygh**
STREET ADDRESS **V.M.C.A. of Boca Raton**
CITY-ST-ZIP **16431 Palmetto Circle S.**

TITLE ☐ Change ☐ Addition
NAME **Boca Raton, Fl. 33433**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #