2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

1. Entity Nan	ne	# N9800000 FER MAINTENAN		SOCIATION,				04-16-20	04 90089 04	9 ****6	51.25	
Principal Place of Business 798 SOUTH FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33432 Mailing Address P 0 DRAWER 40 BOCA RATON, FL 33429					9				88/IF 88/II 68/II 5/88/	f il ii 11f11 17		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01262004	Chg-NP	CR2E037	(10/03)		
City & State			Cit	y & State		4. FEI Number NOT APPLICABLE			•••		pplied For at Applicable	
Zip	ip Country		Zip	Zip		intry 	5. Certificate of Status Desired \$8.75 Additional Fee Required					
<u> </u>	6. Name a	and Address of Current	Registere	d Agent			7. Name and	Address of Nev	v Registered Agı	ent	•	
MACI ARE	EN LINDA (1				Name						
MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY SUITE 100 BOCA RATON EL 33/32						*Street Address	ress (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432						City			FL	Zip Code	е .	
8. The above the obligat	a named entity tions of registe	submits this statement for red agent.	or the purp	ose of changing its r	egister	ed office or registe	red agent, or both	n, in the State of	Florida. I am fan	niliar with,	and accept	
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SIGNATURE	, , , , , , , , , , , , , , , , , , ,	•)		1 10.				
اه من او داده این است. ماه داده این او دو داده	Signature, typed or	printed name of registered agent	t and title if app	icable. (NOTE:	Registere -	d Agent signature require	d when reinstating)		DATE			
10 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Filing Fee	is \$61.25 ay 1, 2004	t and title if app	9. Election Cam Trust Fund Co	paign F	inancing	\$5.00 May Be Added to Fees	FI	Make check p	-		
10.	Filing Fee	is \$61.25	Throat	9. Election Cam	paign F	inancing ion. I	\$5.00 May Be	F	Make check p lorida Departm	ent of St	ate, .	
10.	Filing Fee Due by Ma	is \$61.25 ay 1, 2004 OFFICERS AND DI	Throat	9. Election Cam	paign Fontributi	inancing ion i	\$5.00 May Be	F	Make check p lorida Departm CERS AND DIREC	ent of St	ate, .	
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12. I hereby certify that the information supplied with this filling 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

4/9/04

54-395/1000

Daytime Phone #