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03-02-1999 90107 049 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716328

1. Corporation Name
THE MARACAY ASSOCIATION, INC.

Principal Place of Business 3301 NE 32ND AVE FT LAUDERDALE FL 33308 US	Mailing Address 3301 NE 32ND AVE FT LAUDERDALE FL 33308 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/07/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1284429
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAWK, LOIS
3301 N.E. 32ND AVENUE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCPEAK, VIOLA	
STREET ADDRESS	3301 N.E. 32ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 32308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BONNER, REGINA M	
STREET ADDRESS	3301 N.E. 32ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	GRU, GEORGE	
STREET ADDRESS	3301 NE 32ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SNYDER, RUTH J.	
1.3 STREET ADDRESS	3301 NE 32 AVE.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BONNER, REGINA M	
2.3 STREET ADDRESS	3301 NE 32 AVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, ANNA	
3.3 STREET ADDRESS	3301 NE 32 AVE	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina M. Bonner REQUIRE REGINA M. BONNER 2/5/99 563-3223 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)