

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:45

DOCUMENT # 706286 (2)
1. Corporation Name
LAKE MAITLAND TERRACE APARTMENTS, INC.

Principal Place of Business Mailing Address
1140 S ORLANDO AVE. MAITLAND FL 32751-6439

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1963	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1311770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BENNETT, JOE
1140 S. ORLANDO AVENUE
#J-3
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
**81 Name GREGORY D. BARNES
82 Street Address (P.O. Box Number is Not Acceptable) 1140 S. Orlando Ave.
83
84 City Maitland FL 85 Zip Code 32751**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Gregory D. Barnes* DATE **4-6-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BENNETT, JOE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, J-3	CITY - ST - ZIP MAITLAND FL	1.2 NAME BARNES, GREGORY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1.3 STREET ADDRESS 1140 S. ORLANDO AVE., A15	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME JACKSON, A. F.	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, #1-1	CITY - ST - ZIP MAITLAND FL	2.2 NAME CHARLES L. WEST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS 1140 S. ORLANDO AVE., C5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME WEST, CHARLIE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, C-8	CITY - ST - ZIP MAITLAND FL	3.2 NAME WILLIAM C. KNIGHT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS 1140 S. ORLANDO AVE. F5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME BARNES, GREG	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, A-15	CITY - ST - ZIP MAITLAND FL	4.2 NAME CATHARINE McEACHRON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS 1140 S. ORLANDO AVE. B12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME ADAMS, MANNY	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, G-13	CITY - ST - ZIP MAITLAND FL	5.2 NAME RICHARD ROLLASON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS 1140 S. ORLANDO AVE. G11	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME SULLIVAN, BOB	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 S. ORLANDO AVENUE, F-16	CITY - ST - ZIP MAITLAND FL	6.2 NAME LAURIE HEWITT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS 1140 S. ORLANDO AVE. D12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY - ST - ZIP MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Gregory D. Barnes* **Gregory D. Barnes** 3/22/95 (407) 644-5474