

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706286 (2)  
1. Corporation Name

LAKE MAITLAND TERRACE APARTMENTS, INC.



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

3. Date Incorporated or Qualified: 10/15/1963  
3a. Date of Last Report: 04/12/1995  
4. FEI Number: 59-1311770  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BARNES, GREGORY D  
1140 S ORLANDO AVE  
#J-3  
MAITLAND FL 32751~~

81 Name: THEA POLLOCK  
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 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: *Thea B. Pollock*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD	NAME: BARNES, GREGORY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE., A15	CITY-ST-ZIP: MAITLAND FL	
TITLE: VPD	NAME: WEST, CHARLES L	<input type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE., C5	CITY-ST-ZIP: MAITLAND FL	
TITLE: TD	NAME: KNIGHT, WILLIAM C	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE F5	CITY-ST-ZIP: MAITLAND FL	
TITLE: SD	NAME: MCEACHRON, CATHARINE	<input type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE B12	CITY-ST-ZIP: MAITLAND FL	
TITLE: D	NAME: ROLLASON, RICHARD	<input type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE. G11	CITY-ST-ZIP: MAITLAND FL	
TITLE: D	NAME: HEWITT, LAURIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1140 S ORLANDO AVE. D12	CITY-ST-ZIP: MAITLAND FL	

1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: THEA POLLOCK	
1.3 STREET ADDRESS: 1140 S ORLANDO AVE I-3	
1.4 CITY-ST-ZIP: MAITLAND, FL 32751	
2.1 TITLE: ASST. TREAS./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: CHARLES L. WEST	
2.3 STREET ADDRESS: 1140 S ORLANDO AVE C-6	
2.4 CITY-ST-ZIP: MAITLAND FL 32751	
3.1 TITLE: TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: JOHN BURDETT	
3.3 STREET ADDRESS: 1140 S ORLANDO AVE K-7	
3.4 CITY-ST-ZIP: MAITLAND, FL 32751	
4.1 TITLE: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: SAME	
4.3 STREET ADDRESS: SAME	
4.4 CITY-ST-ZIP: SAME	
5.1 TITLE: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: SAME	
5.3 STREET ADDRESS: SAME	
5.4 CITY-ST-ZIP: SAME	
6.1 TITLE: DIRECTOR/VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: JOAN KISSEL	
6.3 STREET ADDRESS: 1140 S ORLANDO AVE D-14	
6.4 CITY-ST-ZIP: MAITLAND, FL 32751	

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: *Thea B. Pollock*, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96  
Date

(407) 644-5474  
Daytime Phone #

CR2E037 (12/95)