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NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

1140 S ORLANDO AVE D-14

MAITLAND FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1998 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # 706286

(2)

LAKE MAITLAND TERRACE APARTMENTS, INC. Principal Place of Business Mailing Address 1140 S ORLANDO AVE. 1140 S ORLANDO AVE. 3. Date Incorporated or Qualified MAITLAND FL 32751-6439 MAITLAND FL 32751-6439 10/15/1963 4. FEI Number Applied For 59-1311770 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 П 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AI Name KISSEL, JOAN 82 Street Address (P.O. Box Number is Not Acceptable) 1140 S ORLANDO AVE 83 #D14 MAITLAND FL 32751 Zip Code 85 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 Signature, typed or printed nume of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME NASH, JOHN 1.2 NAME STREET ADORESS 1140 S ORLANDO AVE #I-11 1.3 STREET ADDRESS CITY-ST-7IP MAITLAND FL 1.4 CiTY-ST-ZiP DELETÉ TITLE Addition 2.1 TITLE TD) NAME WEST, CHARLES L 2.2 NAME STREET ADDRESS 1140 \$ ORLANDO AVE C-6 2.3 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME **BURDETT, JOHN** 3.2 NAME 1140 S ORLANDO AVE K-7 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME MCEACHRON, CATHARINE 4. 2 NAME STREET ADDRESS 1140 S ORLANDO AVE B12 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL DELETE TITLE 5.1 TITLE Change Addition <u>-02</u> JOHN KISSEL 1140, S. ORLANDO AVE. #G14 NAME ROLLASON: RICHARD 5.2 NAME STREET ADDRESS 1140-8 ORLANDO AVE. G11 5.3 STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP MAIFLAND FL 5.4 CITY - ST - ZIP DELETÉ TITLE 6.1 TITLE Change ☐ Addition PD NAME KISSEL, JOAN 6.2 NAME

14. Thereby certify that the information supplied with this fifting 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.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP