

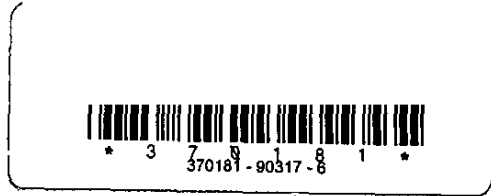
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Mar 29, 1999 8:00 am
Secretary of State

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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 # 706286

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/15/1963
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1311770
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	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 KISSEL JOAN 1140 S ORLANDO AVE #D14 MAITLAND FL 32751	10. Name and Address of New Registered Agent 81 Name CHARLES WEST 82 Street Address (P.O. Box Number is Not Acceptable) 1140 S. ORLANDO AVE. 83 #C6 84 City MAITLAND FL 85 Zip Code 32751
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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: *Charles West* DATE: **4/15/99**
Signature, typed or printed name 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: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NASH, JOHN		1.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE #1-11		1.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL		1.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEST, CHARLES L		2.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE C-6		2.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL		2.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BURDETT, JOHN		3.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE K-7		3.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL		3.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCEACHRON, CATHARINE		4.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE B12		4.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KISSEL, JOHN		5.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE, #G14		5.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL 32751		5.4 CITY-ST-ZIP	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KISSEL, JOAN		6.2 NAME	
STREET ADDRESS: 1140 S ORLANDO AVE D-14		6.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND FL		6.4 CITY-ST-ZIP	
TITLE: TD		7.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JANETTE MARSH		7.2 NAME	
STREET ADDRESS: 1140 S. ORLANDO AVE #D9		7.3 STREET ADDRESS	
CITY-ST-ZIP: MAITLAND, FL 32751		7.4 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: *Charles West* DATE: **3/25/99** (407)647-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)