

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/4

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-04-2004 90015 037 ****61.25

DOCUMENT # 706286	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent JORDAN, NORMA 1140 SOUTH ORLANDO AVENUE OFFICE MAITLAND FL 32751	
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4. FEI Number 59-1311770	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norma Jordan* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARTHUR, JOHN 1140 S. ORLANDO AVE., E-14 MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary ☒ Change ☐ Addition <i>Stephen Bellflower</i> <i>1140 S. Orlando Ave.</i> <i>Maitland, FL 32751</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD JACIELLO, MICKEY 1140 S. ORLANDO AVE G-10 MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOLAN, MARY 1140 S. ORLANDO AVE F-06 MAITLAND FL 32751 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, CHARLES 1140 S. ORLANDO AVE C-6 MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AOSTINO, MICHAEL 1140 S. ORLANDO AVE A-02 MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRACIA SMITH VP ☐ Delete <i>1144 Ocelot</i> <i>Winter Springs, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles West* TREASURER 8/19/04 (407) 647-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #