

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007600**

1. Entity Name

PARK MAITLAND VILLAS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

**385 DOUGLAS AVE. STE 2000
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**385 DOUGLAS AVE. STE 2000
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

407 Wekiva Springs Rd.

Suite, Apt. #, etc.

Suite 205

City & State

Longwood, Florida

Zip

32779

Country

USA

3. Mailing Address

407 Wekiva Springs Rd.

Suite, Apt. #, etc.

Suite 205

City & State

Longwood, Florida

Zip

32779

Country

USA

4. FEI Number

59-3734669

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CENTEX REAL ESTATE CORPORATION
385 DOUGLAS AVE, STE 2000
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

R. Spencer c/o Regency Professional Mgmt

Street Address (P.O. Box Number is Not Acceptable)

407 Wekiva Springs Road; Suite 205

City

Longwood**FL**Zip Code
32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/6/01**FILE NOW: FEE IS \$61.25****After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President, Director	<input type="checkbox"/> Delete
NAME	Dan Kaiser	
STREET ADDRESS	385 Douglas Ave; Suite 2000	
CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE	Secretary, Treasurer, Director	<input type="checkbox"/> Delete
NAME	Kirsten Stapleton	
STREET ADDRESS	385 Douglas Ave; Suite 2000	
CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE	Vice President, Director	<input type="checkbox"/> Delete
NAME	James Makransky	
STREET ADDRESS	385 Douglas Ave; Suite 2000	
CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED**8/2/01****(407) 661-2174****FILED**
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 004 ***61.25

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DO NOT WRITE IN THIS SPACE

CP2E037 (5/01)