


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 043 ****61.25

DOCUMENT # N00000007600					
1. Entity Name PARK MAITLAND VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVE., STE 100 WINTER PARK, FL 32789			Mailing Address C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVENUE SUITE 100 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3734669	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, ROGER V C/O ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE., STE 100 WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEK, RICHARD JR		NAME	Alexander, Calvin	
STREET ADDRESS	2211 PARK MAITLAND CT.		STREET ADDRESS	2295 Park Maitland Ct	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Maitland FL 32751	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, DICK		NAME	Wetnight, Pat	
STREET ADDRESS	2202 PARK MAITLAND CT.		STREET ADDRESS	2290 Park Maitland Ct	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Maitland FL 32751	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDICH, JANET		NAME		
STREET ADDRESS	2222 PARK MAITLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, HAROLD JR		NAME		
STREET ADDRESS	2294 PARK MAITLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENY, KAY		NAME	Stone, Ilene	
STREET ADDRESS	2187 PARK MAITLAND CT.		STREET ADDRESS	2283 Park Maitland Ct	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Maitland FL 32751	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Calvin Alexander</i>		CALVIN ALEXANDER		3/27/04 407-644-2345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	