

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2009
Secretary of State**

DOCUMENT# N00000007600

Entity Name: PARK MAITLAND VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-3734669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLADAY, DANNY
Address: 2214 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: BECKMAN, CHERYL
Address: 2227 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: STEWART, HAROLD
Address: 2294 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: FRISCH, CAROL E
Address: 2266 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HOFFMAN, KEN
Address: 2327 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEMING, GAIL
Address: 2002 PARK MAITLAND CT
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY GALLADAY

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date