

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

*sent with check # 222*

**DOCUMENT # N04387 (9)**

1. Corporation Name

**THE OAKS OF MAITLAND HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

780 DOMMERICH DR.  
 MAITLAND FL 32751  
 US

780 DOMMERICH DR.  
 MAITLAND FL 32751  
 US

3. Date Incorporated or Qualified  
**07/26/1984**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **771 Dommerich Drive**

26 **771 Dommerich Drive**

4. FEI Number  
**59-2443462**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

**Maitland, FL**

**Maitland, FL**

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

**32751**

**Orange**

**32751**

**Orange**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JESSE P.**  
**1606 THE OAKS DR**  
**MAITLAND FL 32751**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
 NAME **BAXA, ED**  
 STREET ADDRESS **780 DOMMERICK DR**  
 CITY-ST-ZIP **MAITLAND FL**

1.1 TITLE **DPresident**  Change  Addition  
 1.2 NAME **Hausheer, Christine**  
 1.3 STREET ADDRESS **771 Dommerich Drive**  
 1.4 CITY-ST-ZIP **Maitland, FL. 32751**

TITLE **DVP**  DELETE  
 NAME **HAWSHAW, CHRISFIRE**  
 STREET ADDRESS **771 DOMMERICK DR**  
 CITY-ST-ZIP **MAITLAND FL**

2.1 TITLE **DVPresident**  Change  Addition  
 2.2 NAME **Rafferty, Ward**  
 2.3 STREET ADDRESS **1602 The Oaks Drive**  
 2.4 CITY-ST-ZIP **Maitland, FL. 32751**

TITLE **TD**  DELETE  
 NAME **EISENBERG, LYA**  
 STREET ADDRESS **1506 THE OAKS DR.**  
 CITY-ST-ZIP **MAITLAND FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **SD**  DELETE  
 NAME **BAXA, SUSAN**  
 STREET ADDRESS **780 DOMMERICK DR.**  
 CITY-ST-ZIP **MAITLAND FL**

4.1 TITLE **D Secretary**  Change  Addition  
 4.2 NAME **Dore, Anne**  
 4.3 STREET ADDRESS **1507 The Oaks Drive**  
 4.4 CITY-ST-ZIP **Maitland, FL. 32751**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Lya Eisenberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-18-96**  
 Date

**407 647-5380**  
 Daytime Phone #