


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000008087					
1. Entity Name MAITLAND PROFESSIONAL OFFICE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BCH, FL 33442			Mailing Address 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BCH, FL 33442		
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				7. Name and Address of New Registered Agent	
KAY LAW OFFICES 700 VILLAGE SQ CROSSING STE 102B PALM BCH GARDENS, FL 33410				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIBLING, GUENTHER		NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL 33442		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCFADDEN, JEFFREY		NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL 33442		CITY - ST - ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASSOF, LINDA		NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 206		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL 33442		CITY - ST - ZIP		
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		
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		
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 exemptions contained 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 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: _____		Guenther Reibling		04/27/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-4036127** Applied For Not Applicable

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

05/09/06-80111-025 10.00