

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44815

1. Entity Name

THE MAITLAND SANCTUARY HOMEOWNERS' ASSOCIATION,

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90080 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2011 WAYHAVEN CT  
MAITLAND FL 32751  
US

2002 WAYHAVEN CT  
MAITLAND FL 32751-4924  
US

2. Principal Place of Business

2002 Wayhaven Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

Zip

32751

Country

USA

Zip

Country

4. FEI Number

59-3102203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREIT, DONNA  
2002 WAYHAVEN CT  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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 DP ☐ Delete  
NAME WITWICKY, LAILA  
STREET ADDRESS 2009 WAYHAVEN CT  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☐ Delete  
NAME BERNSTEIN, MAUREEN  
STREET ADDRESS 2012 WAYHAVEN CT  
CITY-ST-ZIP MAITLAND FL

TITLE DST ☐ Delete  
NAME BREIT, DONNA  
STREET ADDRESS 2002 WAYHAVEN CT  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 407 645 4989

Date

Daytime Phone #

CR2E037 (9/99)