

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726025

1. Entity Name

MAITLAND GROVE COMMUNITY ASSOCIATION INC

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90056 030 ****61.25

Principal Place of Business
P.O. BOX 941161
MAITLAND FL 32751-4827
US

Mailing Address
P.O. BOX 941161
MAITLAND FL 32751-4827
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
59-2337728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL, MELODY T
211 WHITE OAK CR
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	YEUELL, KAY	220 WHITE OAK CR	MAITLAND FL 32751	<input type="checkbox"/>
VD	LEWIS, TIM	140 WHITE OAK CR	MAITLAND FL 32751	<input type="checkbox"/>
TD	DANIEL, MELODY T	211 WHITE OAK CR	MAITLAND FL 32751	<input type="checkbox"/>
SD	KELLY, AMANDA	40 MAITLAND GROVES RD	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Melody T. Daniel Melody T. Daniel / 407-831-6876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/2/02 Daytime Phone #