

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706286

FILED
Mar 22, 2018
Secretary of State
CC4646904386

Entity Name: LAKE MAITLAND TERRACE APARTMENTS, INC.

Current Principal Place of Business:

1140 S ORLANDO AVE.
ASSOCIATION OFFICE
MAITLAND, FL 32751

Current Mailing Address:

1140 S ORLANDO AVE.
ASSOCIATION OFFICE
MAITLAND, FL 32751

FEI Number: 59-1311770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, GEORGE
1140 SOUTH ORLANDO AVENUE
ASSOCIATION OFFICE
MAITLAND, FL 32751 US

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: GEORGE TAYLOR

03/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name TAYLOR, GEORGE
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title TRES
Name MCREYNOLDS, ANNE
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name MCREYNOLDS, ANNE
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title VP
Name WESSEL, SANDRA
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BRIGGS, JEFFREY
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name COLEE, AMI
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name CUTLER, LEE
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name POIRIER, DEBRA
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ANNE MCREYNOLDS

TREASURER

03/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAXMAN, WAYLAND
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name SMITH, GRACIA
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name ANDERSON, JENNIFER
Address 1140 S ORLANDO AVE.
ASSOCIATION OFFICE
City-State-Zip: MAITLAND FL 32751