

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706286

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**4916140758CC**

**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 US

**FEI Number:** 59-1311770

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LARSEN & ASSOCIATES, P.L.  
300 S. ORANGE AVE.  
SUITE 1575  
ORLANDO, FL 32801 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:** THOMAS R. SLATEN, JR.

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	TRES./SEC.
Name	TAYLOR, GEORGE	Name	MCREYNOLDS, ANNE
Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE	Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	VP	Title	DIRECTOR
Name	WESSEL, SANDRA	Name	BRIGGS, JEFFREY
Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE	Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	BYINGTON, DYANNAH	Name	CUTLER, LEE
Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE	Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	POIRIER, DEBRA	Name	PAXMAN, WAYLAND
Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE	Address	1140 S ORLANDO AVE. ASSOCIATION OFFICE
City-State-Zip:	MAITLAND FL 32751	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:** GEORGE TAYLOR

PRESIDENT

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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