

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706286

FILED
Apr 29, 2022
Secretary of State
5470054264CC

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 SLATEN, PLLC
5323 MILLENIA LAKES BLVD.
SUITE 300
ORLANDO, FL 32839 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., ESQ.

04/29/2022

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

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

Title VP
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

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

Title DIRECTOR
Name SOPRANI, NORA
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: GEORGE TAYLOR

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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